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SIX COMPLETE VOLUMES  
BOUND INTO ONE



*By*

DAVID H. KELLER, M.D.,  
WINFIELD SCOTT PUGH, M.D.,  
S. H. AURELLE, M.D.,  
And Other Eminent Physicians

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# Sex Physique Averages

By

S. H. AURELLE, M.D.

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Volume I

PERSONAL PROBLEM LIBRARY

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**K**NOW YOURSELF" is a very ancient motto, as important today as in 600 B.C., when it was carved on the doors of the Delphic Oracle. However, the practical meaning is that you must know yourself *in comparison to others*.

During a period of several years, inquiries have been continually received from those who desired to obtain information as to their own bodily normality or, even more frequently, how they could alter their bodily conditions to suit a supposed, and usually incorrect, ideal.

The overwhelming majority of these letters were from unmarried men who were afraid that they were physically defective—an idea usually erroneous and based upon

incorrect information they had received in youth. It was commonly a simple matter to give them a reassuring reply on this point: although not to publish the desired information for the benefit of the general public.

Most men have seen the uncovered male body—if only as boys while bathing — but their ideas as to the full masculine development are mistaken. In addition to this, they have a very mistaken idea as to what normality is.

The folklore, or old stories, that are told them in their informal sex education emphasize an exaggerated development in the virile heroes, and also give them an idea that this is the thing essential for success in marriage. This is untrue, as we shall explain later, but,

in many cases, it has actually been strong enough to restrain fully virile men from marriage, under the mistaken belief that they were not fitted for it.

There still exist many ancient statutes: both the idealized type, more or less familiar in schools and museums, and very realistic portrait types. In both of these, the old sculptors carved very faithfully the entire bodies, without covering over anything (the "fig-leaf" is a comparatively modern invention). In these it may be seen that the male organs are comparatively small, whether as an ideal or a fact, in comparison with what is often imagined to be the "normal."

As in animals, so in men, excessive size of the reproduction organs is not a mark of physical perfection, but rather the opposite. It may be noted that an overdevelopment of this kind is more common among the feeble-minded, as well as among certain primitive races, than among the more intelligent classes.

But, on the other hand, the ancients, like the modern Orientals, made comic representations, showing the sex organs, as well as other features, exaggerated in size. These were intended to be humorous, not faithful to truth, like many of the stories which have given young men their erroneous ideas.

The "male "organ" or "member," specifically so called (to physicians, the *membrum virile*, or *penis*) is the object of most concern. On this subject, the least amount of information has been formally compiled. Dr. Robert L. Dickinson, foremost authority on the subject, says in his *Human Sex Anatomy*, that "Elaborate search has brought to light no published series of measurements" of the *erect* organ — the question most perplexing; and quotes a medical researcher as saying: "This silence seems to mean that these organs are not recognized as belonging to anthropology at all." However, from nine authors who have given figures, he presents the following:—

	Least	Greatest	Average
Length (flaccid) .....	2¾ in.	4½ in.	4 in.
Length (erect) .....	4¾ in.	8¼ in.	6 in.
Circumference (flaccid) .....	3 in.	4½ in.	3¾ in.
Circumference (erect) .....	3¾ in.	4¾ in.	4¾ in.

(The circumference, measured at the center, may be smaller than that at the *corona* or rim of the *glans*.)



The studies of all these physicians showed that there "is little relation between the various measures of this organ with each other, or with body height." Dr. Dickinson himself learned, in examining over eight thousand men for civil service, that there is much more uniformity in this particular than in other points of physical development. Few are found abnormally large or abnormally small, to an extent which might be expected to interfere with a normal married life.

At this point it may be stated that there is a greater variation in the ratio, between the sizes of the relaxed or flaccid orgean, and the distended and erect organ, than would be supposed until the mechanics are considered.

This variation in the ratio tends to reduce the apparent inequality of men observed under normal conditions, of examination. It depends, not on the dimensions of the flaccid organ, but on the proportion of cavities in the "hollow bodies" which can be filled with arterial blood. A physician found in one case that an organ increased under these circumstances from 3% to 17 cubic inches, or from one apparently very small to one very large.

It has been noted by surgeons, in the Army and other medical services, that a man whose development is small tends to conceal these parts from even the

physician; one above the average is as careless in this respect as a nudist. However, as the above facts show, the feeling of inferiority from small, flaccid organs may be unfounded. It has been remarked by a distinguished sexologist, Dr. David H. Keller, that "the test of an artist is the quality of the picture that he paints, not the size of the brush which he uses,"; and virility depends, not upon the development of the sex physique, but upon the health of nerves controlling the blood supply to the organs.

It has been inquired, in practically every letter from those who write concerning their organic development, what method could be used to increase it to "normal"—even by those already greatly above the average. The answer is, unfortunately, not favorable. Certain devices are much advertised for the purpose of applying a "vacuum" to the organ, with the hope of increasing its capacity by a process of stretching.

This is, however, unsatisfactory and even dangerous. It involves the danger of rupture of the walls of the cavities, which would cause internal bleeding and other very undesirable results. Those who have testified as to their use of such devices have been unanimous in saying that the expected results were not obtained.

Another treatment, in which many have been encouraged to sink large sums of money, is

equally unfavourable for adults. In boys who have only reached the age of puberty, with a deficiency in this respect, it has been possible by the injection of sex *hormones* or body chemicals to bring development up to normal. This, however, at an age exceeding 16, will be of very little value; and for an adult who has reached full growth, must be considered as useless as the attempt to increase his height.

It will be commented at this time that the inquiries of unmarried women express fear of, rather than attraction by, excessive male development. In the case of widows who have borne children, marital disappointment may be experienced from a second husband; but this is not to be looked for by the virgin bride from practically any husband, unless he is quite lacking in sex vigor.

The impotence which often occurs in the bridegroom is a different matter; and may be found in those of apparently fine physique, as explained in Section 3 of this series. On the other hand, many men considerably below the "least" figure given above have been happy husbands and successful fathers.

The organ may be somewhat abnormal in shape; it is, normally, curved when erect; and this curvature may deviate to either side. Even this is not an impediment to marriage, though it may necessitate special marital technique.

Furthermore, the opening of the urethra may be in an abnormal place; above the *glans* (*epispadias*) or below it (*hypospadias*). This may produce a feeling of inferiority in the individual so afflicted, but, unless it is of considerable degree of misplacement, it does not prevent either marriage or paternity.

If it is serious, it may be remedied by surgery. (Some of the so-called "double-sexed" or "hermaphrodite" individuals are males who have *hypospadias*). In unborn life, male and female organs originally appear alike; but in the male the urethra closes in a seam, called the *raphe*, which may be traced from the roots of the *scrotum*. Its failure to close properly causes the conditions described above.

There are other features on which it is not necessary to dwell, but which have caused mental disquiet in those who are not well informed. Normally, a blood vessel (called the *dorsal vein*) stands out on the proper surface of the organ; this is not a varicocele, or unhealthy condition. The reader who, after all this, feels that he has either deformity or abnormality is advised to consult his personal physician, who is more familiar with the subject and with the normal appearance of the human body, and who will either reassure him that all is as it should be, or direct him as to the possibility of treatment.



The operation of circumcision is rather mysterious to many men, though it is becoming much more common. It is best performed in infancy, and many physicians make a practice of doing so. In later life, it may become necessary after much painful experience; though in mature years, there is considerable local irritation during the healing which may be escaped in young boys.

It facilitates cleanliness, guards to some extent against contracting disease, reduces the possibility of local cancer, and, often, will add to the satisfaction of married life. a prospective bridegroom, who has any of the doubts mentioned above, will do well to consult his physician on the subject (especially when blood tests are increasingly required) as to the advisability of this operation some weeks before the marriage.

The *testes*, or male sex glands, (testicles) are also the subject of a good deal of legend. The idea that potency depends on their size is unfounded; also that the power of paternity is affected by this. These glands are duplicated by nature, as a reserve of security, so to speak. *One quarter of one of them* is sufficient to manufacture the sex hormones needed for masculinity, as well as perfect powers of fatherhood.

The average dimensions of the *testis* are more uniform, and are stated in the standard textbooks of anatomy as: length  $1\frac{1}{2}$  in. to 2 in.; narrow diameter, 1 in.;

greater diameter,  $1\frac{1}{4}$  in. At the upper end is a part (*the epididymis*) which receives the male germ-cells or *spermatozoa* secreted by the testis, which then pass up the *spermatic duct*, or *vas deferens*. to the seminal vesicles for storage. The *epidymis* sometimes become infected, by gonorrhea or other diseases, and very painful; the *testis* itself is almost infection-proof.

The *testis*, from puberty till "change of life," is continually producing the *spermatozoa*, in millions. A single discharge of seminal fluid will contain from 100,000,000 to 300,000,000 or more of them. It is not known whether or not there is a natural limit to their production; but, sooner or later in life, the *tubules* where they are generated cease to produce them, and the *testis* is filled up with "interstitial cells," fat, etc.

The production of *spermatozoa*, however, is not essential to potency; which may even be found in men from whom *testes* have been removed. Some men early lose the power of fatherhood, while others have retained it until nearly a hundred years old. It is also the function of the *testis*, to produce *testosterone* and other male sex hormones. There are distributed by the circulation into the blood, even when the spermatic ducts are so blocked as to sterilize the individual, and the surplus is excreted in the urine.

The absence of male sex hor-



*mone* or an insufficiency of it, in childhood and early youth prevents the body from assuming the true male figure and "secondary sex characteristics" (such as the beard; but deficiency after the adult figure has formed does not destroy them.

In unborn life, the *testes* are formed inside the body (like the ovaries in the female) and normally descend through the inguinal canals (passages through the abdominal muscles) into the scrotum, dragging after them the spermatic cords. These openings in the abdominal muscles are the locations of hernia (rupture) if the intestines protrude into them. This weakness is acquired in early life, but can be corrected by operation.

Sometimes, however, the *testes* fail to descend out of the body; if both remain within it, the condition is called *cryptorchidism* (hidden *testis*); if only one, we speak of *monorchidism* (one *testis*). About one man in three hundred is a *monorchid*; which does not, however, prevent him from being a husband and father. If both *testes* remain in the body, however, it is practically impossible for him to be a parent; since at blood heat the *testes* do not produce *spermatozoa* (their position outside the body, in man and many animals, is to reduce the temperature.)

When boys approach the age of puberty with one or both *testes* undescended, medical advice should

be taken. It has been found, in late years, that injection of the proper *hormones* will cause the descent of the *testes* without surgical operation or, if this proves necessary, it will be much less severe. A *testis* lodged in the inguinal canal should be either brought down or removed entirely; as it is a possible source of cancer.

Recent medical investigations have shown that there appears to be a relation between the length of the inguinal ligament, a tendon strung across the hip bones, and the length of the male organ. The longer the ligament, the shorter the organ; as though there were only so much length to be shared between them. However, since science knows no way to shorten the ligament, there is no practical value derived from the information, as far as remodeling the body is concerned.

The spermatic cord, as we have said, runs up from each *testis*, through the inguinal canal in the wall of the abdomen, to a *seminal vesicle*; the latter empties into the urethra, which traverses the male organ or *penis*, so that the *spermatozoa* must travel about sixteen inches, instead of two, to reach the outside. But this round about journey is not without a purpose. During this journey, they have time to speak, to ripen. The fluids secreted by various glands, especially the *prostate*, are added to them, giving them additional vigor to perform their function of



parentage when the time comes. It is believed that excessive marital relations may often defeat the desire to have a child; because the *spermatozoa* are continually cast off prematurely.

The seminal vesicles adjoin and back up with the *ampullas* or wide parts, of the spermatic ducts; they are surrounded by muscles, called "ejaculators." These, at the climax of sexual excitement, press on them, and squeeze out the seminal fluid in several spurts. The usual amount of this is estimated at a teaspoonful, though it may be but half this; and as much as seven teaspoonfuls at an emission has been reported by a physician. Each vesicle, about the diameter of a quill, but coiled, is 4 to 6 inches long.

Of this fluid, the *spermatozoa*, numerous though they are, form but a small part; much has been added to the auxiliary glands. The fluid varies in consistency, depending on the amount of water, from that of a thin mucilage to a thin jelly, in colour grayish-white. It dries stiff on fabric which, under the microscope, will show clearly its nature.

It is even claimed by physicians that, within a narrow margin of error, microscopic comparison could identify the man from whom it came. In the female body, *spermatozoa* swim quite rapidly, ascending by their own motion through the cervix into the uterus, then up the Fallopian tube, and

sometimes into the cavity of the abdomen to find and fertilize an *ovum* or female cell and produce a child. They may, in rare cases, even do so when deposited on the outside of the female body.

The prostate gland surrounds the highest point of the urethra, which is the outlet also of the bladder; inside the urethra, there is a strip of tissue called the urethral crest, or *verumontanum*, about  $\frac{5}{8}$  in. long, which can and does swell during sexual excitement, closing off the bladder from the urethra as well as preventing the ejaculated seminal fluid from passing back into the bladder.

Just below this are the openings of the ducts carrying fluid from the prostate itself, as well as those (ejaculatory) leading out from the seminal vesicles.

The prostate gland, normally, is about the size of a chestnut; about  $1\frac{5}{8}$  in. wide at the base,  $\frac{3}{4}$  in. from front to rear, and  $1\frac{1}{4}$  in. high. It can be felt from behind through the wall of the rectum, 2 in. up; and this is the manner in which physicians locate it for diagnosis and massage.

However, this gland is capable of enlarging enormously, as a result of disease and irritation; it then expands upward into the bladder, as the line of least resistance, and makes it impossible to empty this completely. A large percentage of men over 40 are thus troubled. The irritation of the prostate often causes sexual desire,

but indulgence merely continues the irritation.

Prostate disease deserves the early attention of a competent physician or an ethical genito-urinary specialist or urologist; since early care may prevent an operation. Removal of the prostate, though it may be necessary, commonly terminates sex life completely, or nearly so.

Among the functions of this gland, it is stated by a leading urologist, Dr. Winifield Scott Pugh is to maintain potency by its firmness, checking the return of blood from the "hollow bodies" of the penis. If the prostate become softened by disease, virility also disappears.

Other glands of importance are Cowper's located below and behind the prostate. They are small, about the size of peas, and have each a duct about an inch long, leading into the urethra. They supply a clear fluid, which moistens the urethra, and appears at its outlet (meatus) some time before the seminal discharge, for which it prepares the way. These glands gradually shrink with age.

The *urethra*, in the male, is a tube running from the bladder through the prostate, and the lower muscles of the body, in its "deep" section, about three inches; and then through the "bulb" of the penis, at its root in the body muscles, to the outer extremity. Total length, normally, about seven in-

ches; though it is obviously capable of extension. The folds in its lining mucous membrane make it naturally quite subject to infection (more so than in animals, in whom gonorrhea, for instance, cannot be cultivated). Its diameter opens wide inside the prostate gland, contacts and opens again into its "cavernous" part,  $\frac{1}{4}$  in. in diameter, inside the organ; it again finds a construction just below the outlet. If this is too small, a minor operation to remedy it may be desirable, just as with a "stricture" caused by disease further up. Any obstruction to the free flow of urine is capable of causing severe bladder and kidney trouble.

The capacity of the urethra is not large; and injections with large syringes, for urethral infections, sometimes have the result of washing the germs back up into the prostate gland, seminal vesicles and ducts, and even to the *epididymis*. Only small syringes (say  $\frac{1}{4}$ -ounce) should be used for this purpose, and under medical supervision.

The female body differs considerably from the male in its arrangement, as necessitated by its different functions. While each sex starts out, in its development before birth, with the same structures, their rate of development is very different. (Some organs almost disappear in one sex or the other; while others attain large size.



The female urethra, though it opens near the reproductive parts, is not internally connected with them; it is about  $1\frac{1}{2}$  in. long from the bladder to the opening, and has small internal glands. (The "female prostate" is a tiny body, with no such function as the male.) The *clitoris* in the female is the same organ that develops into the *penis* in the male, and is connected to similar nerves. It is, however, very small, and not traversed by the urethra. It has also a *prepuce*, or foreskin, covering the protruding tip; if this does not draw back during erection of the clitoris, some physicians consider it advisable to remove this ("Female circumcision" is practiced as a religious or social rite among some primitive people.)

Normally, the exposed *glans* or tip is from  $\frac{3}{8}$  in. long to half that, and somewhat narrower; but in some cases, it assumes the dimensions of a small male organ. These cases are "female hermaphrodites"—true females, but with an "intersex" development. In such a case, a surgeon would amputate the overgrown organ to restore female normality.

The *vulva*, or external female organs, comprise two sets of folds; outer, the *labia majora*, or "larger lips", and the inner, *labia minora*, or smaller lips. Within them is set the "vestibule" of the vagina; into this opens the vagina; behind it, the ducts of the Bartholinian or lubricating glands, which corres-

pond to Cowper's glands in the male, and give a clear fluid. (This has no function other than mechanical, and is not related to conception.) In front of the vagina, the urethra opens, as stated above.

The vestibule of the vagina, in the virgin female, is normally closed to a greater or less extent by a fold of its membrane called the *hymen* (or maidenhead, in old English literature). This is usually ruptured by the consummation of marriage, with a very slight amount of bleeding. Folklore to the contrary, however, this does not always take place.

The hymen may be naturally almost lacking; or it may permit of intercourse and pregnancy without being broken. On the other hand, it may be necessary to call for medical assistance to cut or dilate it. Advanced sexologists, in fact, recommend that this be done before marriage; for otherwise the bride may suffer such unpleasantness that marital harmony will be severely strained in future years.

The *vagina* itself is a muscular pouch, in the unmarried woman rather small and collapsed. Its depth is about  $2\frac{1}{2}$  in. to 3 in. along the upper wall and  $3\frac{1}{2}$  in. along the lower wall; the *cervix* or neck of the uterus projects into it, producing cavities, behind this, called the *fornices*. Because of its closed condition, it gradually accommodates itself to the conditions of married life, with greater

difficulty as the husband exceeds normal proportions — hence, the fears of the average young unmarried woman. It has great elasticity, however, becoming the “birth canal” through which children are born; and gradually after childbirth returning to nearly its previous small dimensions.

After childbirth, however, extreme care should be taken by the attending physician to see that there are no injuries to this. Plastic operations have often restored family harmony after a serious strain on the tie. In old age, it may close again almost entirely. Its distension, without suffering, may range from 1 in. in diameter, in the virgin, to  $1\frac{3}{4}$  in the married, and up to as high as  $3\frac{3}{4}$  in., in studies given by Dr. Dickinson. Similarly, its distensibility in depth, in the married, has been found as high as  $5\frac{1}{2}$  in. from the vestibule, compared with the figures above.

The *uterus*, or womb, is the largest muscle in the body—at least, at full-term pregnancy. It is, in size and shape, comparable to a small pear, in the non-pregnant condition; the small end, with the stem removed, projecting into the vagina, and the large and concealed within the body cavity and supported by its ligaments. The normal measurements are given as 3 in. long, 2 in. wide, and 1 in. thick, with its interior cavity almost collapsed.

At full-term pregnancy, it en-

larges until the top is above the level of the lowest ribs, with its bottom almost resting on the pelvic bone. The average height of a newborn baby, straightened out, is estimated at 19 inches but, in the uterus, it is necessarily huddled closer together, to save room. Its weight is seven pounds—the familiar saying about “a nine-pound boy” being usually based on the folklore of the number nine. In fact, it is better for the mother that the child should not be over-large.

The ovaries, or female sex glands, are somewhat like the testes in the male, to which they correspond, but with a different internal structure, enabling them to give off ova or eggs (female germ-cells) instead of spermatozoa, or male germ cells. They are located in the body, above the uterus, and are each about  $1\frac{1}{2}$  in. in length,  $\frac{3}{4}$  in. in width, and about  $\frac{3}{8}$  in. in thickness.

Once a month, as a rule, one or other gives off an *ovum*; if it is fertilized, and lodges in the wall of the uterus, pregnancy results. If not, about two weeks later, menstruation takes place and excess lining of the womb, intended to provide a nest for the ovum, is flushed out in a bloody flow.

It is estimated that, on a regular menstrual schedule, two weeks before the date of the next flow is the most favourable period for the conception of a child.



# The Truth About "SELF-ABUSE"

By

DAVID H. KELLER, M.D.  
And Other Prominent Physicians.

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Volume II

PERSONAL PROBLEM LIBRARY

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**N**O human practice, it is probable, has caused so much mental trouble as the habit to which we refer. Certainly, none weighs so heavily on the minds of those who consult physicians, psychologists, and moral advisers.

Probably few murderers are so distressed by their own actions; the number of murderers is comparatively small, while that of the persons of both sexes who have indulged in *auto-eroticism*, or masturbation, as it is more familiarly known, is extremely large.

Yet, of the distress which is caused in the minds of these self-reproachful people, old and young

AT LEAST NINETY-NINE PER CENT IS UNNECESSARY. For this suffering, there are two reasons; lack of proper teaching, and excess of well-meant but false teaching.

Most of what was printed in medical books, a few years ago, is entirely erroneous; and the physicians, teachers, moralists and spiritual advisors, though honest and faithful to their duty, were badly informed. Consequently, parents and children were also misinformed, and the actual result was to multiply the consequences of this habit which they sought to prevent.

Masturbation does NOT cause insanity; it does NOT cause venereal disease; it does NOT soften the brain; it does NOT cause defective children. It is NOT speaking generally, the cause of "nightly losses" after the habit is stopped. It does NOT cause "small, shrunk organs." It seldom produces any physical harm whatever.

It does have certain bad consequences, as will be explained hereafter; but they are not what those who practice it usually fear or expect. They are psychological, rather than "mental" as commonly understood, or physical.

It is possible that some writers of popular treatises on sex, in the last few years, have gone too far in the opposite direction, in combatting the popular misconceptions of the subject, and perhaps impressed on the minds of their readers that the habit is a natural and harmless one. However, such works have had little effect on the youthful readers most concerned, because they are not read by such a class.

We might, perhaps, say that *auto-eroticism* (the deriving of sex stimulation from oneself) is a natural habit under unnatural conditions. Like *homosexuality* (the deriving of sex stimulation from one's own sex), it occurs among animals separated from the opposite sex. It may be seen in domestic pets who are kept from associating with their own kind.

Among savages it is found

where the sexes are separated rigorously; where they are not, it is sternly reprov'd. In the writings of ancient Greece and Rome, it is spoken of as ridiculous under the social conditions prevailing. Among people where there are very early marriages, or physical relations taking the place of marriage at puberty (development of sex characteristics in the young) it has no place.

In our present society, however, juvenile marriage is not permitted and whatever physical relations there are between adolescents are carefully concealed and, undoubtedly, not typical. In many young people, however, both boys and girls, there are solitary sex practices.

It is not necessary to go as far as one eminent sexologist who says: "Everyone, at some time or other, has masturbated — except you and I." This is in the nature of re-assurance to the patient who feels himself an out-cast, to assure him that he is still human, like all his associates. Another cynical authority puts it: "Everyone who says that he has not masturbated is lying—or he has forgotten."

Without making any universal rule of this kind, which is unscientific, there is little reason to doubt that the saying is true with regard to a very large majority. This is especially true when we consider the existence of the habit in infants, who are unconscious of it.

It is remarked that the growing



child becomes conscious first of itself; it finds interest in itself and in its own sensations. It explores its body. Particularly when there is local irritation does it investigate. A tight prepulse (the condition of *phimosis*, which should be remedied by circumcision) or pinworms are capable of bringing about a habit of masturbation.

Physicians today give a much wider meaning to the term; even the thumb-sucking of infants. But none of these physical habits are associated with the conscious idea of sex in the mind of the child or, normally, will be remembered as such in later life.

At the age of puberty, however, a different position prevails. The boy (or girl) is clearly aware of himself (or herself) and of companions as individualities; also aware of strange bodily conditions and peculiar sensitivity.

If no proper instruction has been given by parents, or if improper instruction (as usually the case) has been given by companions of the same age, the habit may be commenced at any age—even from that of eight. It must be remembered that, while the sex glands are not functioning, usually, until the age of 13 or 14, the nerves of sensation have always existed in the body, and been responsive from birth.

If the habit is commenced in ignorance, and accidentally, it may continue until the person receives

better instruction; or, since it is not associated with the psychology of sex, be dropped as an undignified practice. If it is learned by instruction of others, it will be continued with a sense of impropriety and guilt.

In either case, it may be continued, or it may persist with a sense that it is wrong and, later, that it is harmful. When the young man reaches an age at which he can begin to consider the possibility of matrimony, it causes great mental distress, because of the exaggerated ideas of the harm it causes.

If it had been practiced for a considerable time, and frequently, any attempt to discontinue it without discontinuing the mental imagery of sex which has accompanied it will cause bodily irritation, and perhaps considerable actual pain. This is the same thing that "petters" often experience. They make familiar advances to others of the opposite sex; arouse desire which is unsatisfied. Then the reaction of unsatisfied nervous strain, the congestion of blood in the reproductive organs, produce a dull or even an acute local ache in the region of the sex glands. The masturbator will suffer the same thing.

Relief may come to the male by "nocturnal emissions", or night losses. The boy has been taught that these are injurious to his body and mind. Quack doctors prey on thousands of victims who have

been taught that these are the sign of disease, instead of the sign of HEALTH which they are.

The male sex glands (testicles or testes) from the age of 15 or 16 on are continually producing *spermatozoa* or sex germ-cells. This comes later than the onset of puberty, as a rule, the *testes* produce the chemicals or hormones which hasten the development of the body for some time before the production of *spermatozoa* sets in. But the various glands of the male sex system (see Book 1 of this series) produce fluids at an earlier date; so that it is possible for a boy while quite young to have an emission artificially induced. Later, the *spermatozoa* are produced in large numbers, if the body is healthy. These pass into the seminal vesicles, where they are stored; and then become filled, even stretched. "Growing pains" may thus be caused.

Now, if boys were married, as they are in some countries, at the age of 13 or 14, they would have marital relations at intervals, and the vesicles would be emptied as regularly as filled. But, under our social conditions, which justly regard them as not yet fitted for marriage, as they are not for parentage, this relief is not found.

The seminal vesicles are placed by nature between the bladder and the rectum; when all are filled, there is a pressure upon their contents. Under great sexual excitement, it is not uncommon for a

boy, or young man, to have a discharge of the seminal fluid while fully awake, without endeavoring to bring it about. But, if not, certainly while he sleeps he is bound to have an emission. This is usually accompanied by a dream—the dream is produced by the bodily stimulation, and directing itself into the thoughts which the physical condition suggests. This may be a dream of relations with the opposite sex—even with one's own sex—or of masturbation. In the last case, the youth wakes from the "wet dream" in the belief that he is practicing the habit while he sleeps.

The emission is nature's method of relief—exactly as a child may "wet the bed" in his sleep because the bladder has filled. The nerves around the seminal vesicles have been irritated by their fulness, and have automatically set the "ejaculators" into action to empty them.

If the youth has been properly instructed, he will know that this is a natural process; and anything that would prevent it would be worse. It is a condition he must expect until a natural married life will make it unnecessary as a mode of relief. If not, he may revert to masturbation; or he may venture upon relations with the opposite sex which, in addition to social consequences, may afflict him with a venereal disease.

Many years ago a physician, with rather inaccurate informa-



tion, said that "Every drop of semen represents sixty drops of blood"—and quacks have been busy quoting it ever since. But the semen has already been taken from the blood (so, for that matter, has the urine) and cannot be put back into it. It can be stored in the body only so long. It is all the time escaping, in very small quantities, with the urine; and, if there is no nocturnal or other emission, we can only suppose that the production is small or that the ejaculatory ducts are more than usually leaky.

For the average normal young man in robust health, where there are no voluntary emissions, the involuntary type are necessary. Their frequency varies with the individual; just as in marriage there is a wide range of potency without departing from health. They are an index of bodily regularity.

The emissions while asleep may arouse alarm in the young man who thinks them a sign of bad health; and that alarm may cause ill-health. But of themselves, they are not injurious. They may be due, if unduly frequent, to a bodily condition which should have the attention of a physician; but that is another matter. To go to bed only after emptying the bladder and the bowels, to sleep only on one side—not on the back or on the belly—will help to reduce mechanical pressure. To avoid the stimulation of sex ideas, either by familiarity with the opposite sex,

or reading matter of a salacious (desire-exciting) nature, it need hardly be said, is also important.

True *spermatorrhea* — continual flow of semen—is (quack medical literature to the contrary) an exceedingly rare condition in the young and those who have not had venereal disease. It is not to be confused with the healthy natural emission.

It may be asked, whether masturbation cause physical harm? It may do so in excess; so may legitimate marital relations, if also in excess. Physicians now incline to the belief that one is, from the purely physical standpoint, no more harmful than the other. They add that no harm from masturbation can equal that from a case of gonorrhea or syphilis, so frequently acquired by lads who are trying to "show their manhood." For that reason, they now consider it a lesser evil than promiscuous intercourse, which is almost certain to entail exposure of these diseases.

The question may now fairly be asked: what, then, is the harm of masturbation?

The answer is that the normal male, even though not at the time emotionally attached to any woman, looks forward to marriage and parentage when conditions shall be favourable, and he shall find "the girl." He also looks to a marriage which shall be harmonious and happy from a physical as well as a mental standpoint.

In order to make that marriage harmonious, he must be able to show his wife physical, as well as mental love, and mental, as well as physical fidelity. If he is a lover of his own person, he is also a rival to his wife in their intimate relationship.

If he had practised the habit of auto-eroticism continuously before marriage, there was one of two things. Either he has performed it mechanically and rapidly, in which case his wife will be to him merely a mechanical means to a physical end; or he has practised calling up imaginary creations to minister to his desires.

In the first case, he will be inconsiderate of his wife—if not in mind, at least in bodily habit. It has been said that the disease of modern times is “premature ejaculation.” The husband has no sooner approached his wife than there is a discharge of fluid, followed by an immediate loss of potency. This may be so pronounced that it is impossible to consummate the marriage; or slightly less so, but so that the physical desires of the wife are raised to the highest pitch and disappointed. In the second case, parentage is quite possible; but the wife will be subject to “nerves,” to resentment of so inconsiderate a husband, and to a strain on the marriage tie.

It is probable that if the true causes for the dissolution of so many marriages by divorce—a national scandal today—were to be

made public, this would be found to inspire a majority of them. (On this subject, the condition, the cause and cure, a full treatment will be found in Book 3 of this series.)

On the other hand, the husband's sex desires may be roused by calling up in his mind the images of “dream-women” or even some inanimate object—a *fetish*. There are men to whom feminine beauty is not inspiring; it is a shoe, a lock of hair, a linen garment, a rubber garment, which they woo and which serves to inspire their solitary fancies. When they marry, the person of their wife will fail, no matter how much personal liking may have occurred to bring about the marriage, to support the potency and virility needed in marriage. Again, a marriage in name only, soon broken.

A surprising amount of masturbation exists in marriage. The husband fails to find complete physical and emotional satisfaction, which he had expected; he leaves the wife, to resume the solitary act to which he has accustomed — “conditioned” — himself. (The same is true also of many wives whose husbands are also incompetent.)

In the old days, in the interests of morality, physicians and clergymen would advise a young man who practiced masturbation to marry and cure himself in “the natural manner.” It is now realized that, for the reasons given



above, this is the worst possible advice. It simply doubles the grief by making two persons unhappy instead of one. If masturbation cannot be cured before marriage, it will not be cured by marriage.

This brings us to the question of cure. It is first necessary to recognize the two fundamental types of human psychology — the *extravert* and the *introvert*.

Most people are *extraverts*: they spend more of their thought on the world about them, than how it affects them and they it.

The *introvert* is usually of a more intellectual type—the “philosopher” is an *introvert* — one whose mind is turned in on itself. He thinks of the world in terms of its effects on his own mind and feelings. He is keenly conscious of his own sensations, he is apt to imagine that all kinds of things are the matter with him. He may be continually ailing, while the most skilful medical examination can find nothing wrong. If he has associated with the opposite sex, he is troubled with thoughts of venereal disease. If he has masturbated, he worries about the consequences on his mind, as well as his body. He is fearful that “he has ruined himself for marriage.” He lacks the self-confidence, almost instinctive, of the *extravert*.

The *extravert* is easily cured of masturbation; it is only necessary to direct his attention to the opposite sex. If he is married, he has few worries. The trouble with him

is most likely to be lack of consideration for his wife; to assume that, when he has attained physical satisfaction, she has done the same.

The *introvert* is likely to be afraid of his own weakness; and, for the male, fear is the greatest enemy of potency. For him, it is necessary to “snap out of it”; to think more of his mate and her attractiveness, as well as of her welfare and satisfaction, and less of himself.

The standard advice given by sexologists of the modern type is to find something besides sex to occupy one’s time, when unmarried. The young man who is planning marriage has something to look forward to, to give him ambition. It will not do him good to think too much of the liberties of marriage — he must first practice self-denial to fit himself for it.

What makes a habit binding is the idea that it cannot be broken; to yield to it leaves the subject with a stronger belief that there is no getting away from it. A psychiatrist has devised the following system of treatment for the habit of masturbation. It can be applied by any young man to his own case, without any expense or consultation with medical and other advisers.

“The first thing for you to do,” says Dr. David H. Keller, addressing the patient, who seeks cure, “is for you to overcome your fear of the results of your past indulg-

ence. You have to understand that many of the articles on masturbation were written by enthusiastic moralists, who painted the worst possible picture with the idea that they could scare young men into behaving themselves. We know now that no one can be scared.

"If the act could be performed without the co-operation of the mind (as it is among idiots and the feeble-minded), then there would be no more harm in it than in normal *coitus* (sexual intercourse) or nocturnal emissions. *The harmful part is the mental reaction.*

"You are not married, though you hope to be; but you will not marry unless you think that you can be cured. The answer to that is that you can be cured. The program is rather simple to tell you, but it may be hard for you to follow. But, after all, you are the one who is to receive the benefit. Here it is:

"(1) Take no medicine of any kind. Depressants (to reduce vitality) would simply harm you; sexual excitants simply make it harder for you. There is no need of treating you for 'lost manhood,' because the only thing wrong with you is that you are exhausted and worried.

"(2) You must forget everything you have ever heard about the evils of the habit, except what I tell you. You have to tell yourself that the things you have read and heard are not true, but that

the doctor who is talking to you now has a scientific, common-sense knowledge of the entire problem. If you can do this, your fears will leave you and this will be the beginning of your cure.

"(3) You must use the muscles of your body every day till you are tired when night comes. Perhaps you have to earn a living with your muscles. If so, all well and good; but, if you sit at a desk all day, walk home instead of using the street car or the subway. Go to a gymnasium; force yourself to end the day physically tired.

"(5) Make your supper a light tired. If you use your mind during the day, that is good; but keep on after supper. Have a bedside table with a good reading lamp and a lot of rather serious books that are hard to read; take a correspondence course and work on it at night. Never go to bed with the idea that you are going right to sleep. In fact, never go to sleep till you are mentally exhausted that you know you cannot keep awake another minute; then turn the light out and drop the book on the floor.

"(5) Make your supper a light meal; be sure the lower bowel and rectum are fairly empty by night; during the evening, in bed, take a glass of milk and some crackers.

"(6) In your waking moments try, so far as you can, to avoid anything tending towards the sexual side of life; that includes con-



duct, literature, sensational movies, erotic conversation and extreme petting with your fiancée. Of course, all this will be hard; but the nearer you bring yourself to physical and intellectual celibacy, the easier it will be for you to cure yourself before marriage.

"(7) And now comes the most peculiar part of the program. I have called it the *calendar* treatment. But first let me explain some things to you. The *orgasm* (sexual climax of sensation) is Nature's method of throwing off accumulated seminal fluid. It can happen in only three ways; biological (natural) intercourse; nocturnal emissions; and voluntary emission through masturbation. Of course some men can remain continent, and then Nature cares for the situation by occasional nocturnal emissions.

"What I am trying to tell you is that orgasm, with emission of seminal fluid, is a normal happening just like the evacuation of the bowels. If a person is perfectly healthy, this occurs at regular intervals; if he is not absolutely normal, then he must resort to medicine or the use of enemas. A man who keeps using enemas, forms a habit and cannot evacuate his bowels otherwise. Something similar happens to the man with the habit of masturbation. Instead of depending for normal relief on the nocturnal emissions he forces the issue by masturbation. And he thus develops a habit.

"There are two ways of curing a habit (this applies to any habit; for example, drug addiction). One way is rapid and complete withdrawal of the drug; the other is a slow lessening of dose and frequency. My experience has been that any attempts to suddenly stop masturbation is not only difficult, but is attended by symptoms of nervousness or *neurathenia*, which are harder on the patient than any results of the habit. So I advise a slow lessening of the action, and do it in this way.

"I advise the patient to look over his past years, and determine about the frequency with which he has voluntary forced orgasm. Suppose he says that it has been, on the average, every third day. Then I advise him to take a large calendar and draw a circle around certain days for six months. Since Jan. 1, is a good day to start new habits, suppose he starts with that month. He draws a circle around Jan. 1—4—8—13—19—26—Feb. 3—12—, and so on. You see each period between these circled dates is one day longer than the preceding period. Now he has that calendar on the wall of his bedroom. No one but himself knows what the circles mean. But, to him, it means that on the night of the date marked with a circle he can relieve himself. He is to do this, just as he would take an enema or gargle his throat. There is to be no preliminary conflict; no question raised as to the right

or wrong of it; no remorse after doing it; he is simply to do it as a part of his treatment.

"But you say to me: 'I asked you how to stop, and you advise me to keep on. Why?' Simply because I feel that the harm comes from the struggle and the conflict and the final remorse and not so much from the act itself. This method puts a stop to the mental torment. And here is the peculiar thing you will find out. If you follow the advice in the first six paragraphs, you will find a very interesting and peculiar thing. The time will come when on the circled date you will look at the calendar, tell yourself that this is the night you can indulge if you want to, *but you will not want to*. You will feel that there is no need, no desire to do so. Perhaps you have had a nocturnal emission the night before; or you are too physically and mentally tired or, for some reason which you cannot understand, you have no sexual urge.

"What does this mean? Simply that you are starting to recover. Now say to yourself: 'If I do not have an orgasm tonight, I will have to wait till the next marked date.' That is the real test of your determination to break the habit. And, if you have the will power to do this, then you are certainly on the road to recovery.

"The next mental process will be this. You will start thinking that the entire treatment is childish, unnessary. The very fact that

you can indulge at regular intervals without fear, struggle or reproach will at last put you in a frame of mind where you no longer have the desire. Eventually, you will take down the calendar and tear it up and replace it with an unmarked one.

"That will be one sign of your recovery; and the other sign will be the occurrence of rather regular nocturnal emissions. These may or may not be accompanied by sexual dreams; that does not make any difference. It simply means that you are being relieved in a natural manner, without the use of forced orgasms; just as a man can finally have regular evacuations of his bowels without the daily enema if he trains himself in the proper manner.

"You may think that all this will cause a lessening of potency and thus an unsatisfactory marriage. There you are wrong. Your body, your sexual nervous system, your higher mental faculties are all being restored. There is no longer the fear, the reproach, the conflict. And, physically, your genito-urinary system is being restored to normal circulatory tone.

"I realize that you are in love and expect to be married, and you think that it is the proper and normal thing to do a certain amount of petting; but I advise you to go a little slow in this. The more you do this, the harder it will be to live up to the calen-



dar markings. If your fiancée is a sensible woman and understands that you are acting according to the doctor's orders, and that the end result will be a greater happiness for both of you, she will be perfectly willing to co-operate.

"Now I have told you how to cure yourself of this habit; if you take my advice you can do it. But it all depends on your desire to be cured. It would be a lot easier for you to take a dose of medicine three times a day, but medicine will not help you. The cure must be earnestly desired, and the directions must be absolutely followed. If they are, you will find that at the end of six months you are an entirely different sort of man, with a far finer personality; and, when the time comes for your marriage, you will find yourself fully repaid for your efforts."

The entire foregoing part of this book has been devoted to the case of the young man. It is true, however, that the habit of masturbation is found also in women. It may be, in fact, more easily acquired by them, as the result of the difference in their bodily structure. There is, however, one essential difference:—

With the man, the habit is directed toward producing a discharge of a fluid which was intended and prepared by nature to be discharged from the body. There is no exactly corresponding activity in the woman. (The se-

cretion and discharge under excitement of a fluid by the female, organs is purely external; it has no direct relation to reproduction, as has the seminal fluid of the male. With the female, ovulation is not accompanied by perceptible signs, and menstruation is of a different nature.) With the woman, the act is one of purely nervous significance. It may likewise be provoked by physical conditions of local irritation, which require medical relief.

The act, also, may be performed by the woman in a manner bearing no relation to the normal marital activity. It will not create in her any bodily deficiency, or injury (unless by excessive friction causing irritation and congestion of the external organs); it will not affect her vitality, or result in any deficiency of her children. But it does tend to reduce the satisfaction of marriage.

Many wives, especially when their husbands are inconsiderate, continue the practice to obtain relief naturally expected in the marital relation. This is because they fail to obtain the external stimulation (through the nerves of the *clitoris*) to which they are accustomed. Yet, by suitable marriage technique, and the co-operation of the husband, even this difficulty can be overcome. But marriage is, for the woman even more than the man, at first a process of adjustment to entirely new conditions.

As to the breaking off of the habit by a woman a somewhat similar course to the above may be beneficial — that of training the mind and the nerves to do without this artificial process of stimulation.

To women, as to men, the statement may be made that marriage is not a cure for masturbation. *The habit should be cured before marriage.* Neither are premarital relations to be advised as an aid in breaking off the practice; for, under the conditions in which they are usually carried out, premarital relations are often a form of masturbation between two people, and do not form bodily habits on the part of either partner which can be satisfactorily carried over into married life.

One thing more may be added: in either sex, masturbation may be of what we may call a "normal," or an "abnormal" type. In the former case, it represents a substitute for natural intercourse between the sexes, and the mental images called up by the masturbator to maintain the physical excitement are of persons of the opposite sex. This is what the French describe as *faute de mieux*

("for lack of better") and may readily be abandoned in favor of normal intercourse. It is especially the case with the typical *extrovert*.

On the other hand it may be associated with perverted thoughts and ideas. Among boys, but more especially among girls and women, mutual activities take place. If this is purely mechanical, it will be outgrown; but, if it leads to a fixation of one's own sex as the preferred object of desire, it becomes *homosexuality*.

There is now believed to be a comparatively normal *homosexual* period among adolescents; but it should be outgrown long before full physical and mental development is reached, if the person is ever to be normal and fitted for matrimony. Or the act may be associated with *fetishes* or peculiar ideas, of an unusual nature and, if the mental habit is allowed to become fixed, it is a serious impediment to harmonious marriage. Those who have reached the state of adults with such a mental fixation should, at least, consult an experienced psychiatrist (physician specializing in mental and normal problems) before considering marriage.

THE END



# UNSUCCESSFUL HUSBANDS

By

DAVID H. KELLER, M.D.,  
WINFIELD SCOTT PUGH, M.D.,  
And Other Prominent Physicians.

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Volume III

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**E**VERY man thinks he is a physical Adonis. You don't believe it? Just listen to him tell of his exploits in the marital chamber.

Does his wife agree?

She does not. She thinks, sometimes, that she would have been better off if she had married one of the Sultan's eunuchs instead.

Her husband may be making \$1,000 a week. He may play golf in the 80's. He may be a "jolly good fellow" with the gang at the club. He may be extremely popular with the other business men. He may be regarded as "successful" by everyone outside the home.

But his wife thinks of him as an unsuccessful husband.

Why?

Because, naturally, he has failed to succeed in performing what a husband should. Because he has not fulfilled his obligations in giving every married woman her birthright—sexual happiness.

Most wives complain that their husbands are afflicted with premature emission. This is called in medicine *ejaculatio praecox*. It means simply that the husband has his climax before the wife has had hers. And this having the climax before very often is the equivalent of saying that the wife doesn't experience the climax at all. (She is left unsatisfied (see Unresponsive Wives, No. 4 in this Series).

"Yes, Sir, that's me—a few seconds and it is all over. Now I wonder if this is the result of my youthful errors?" is a fairly common question coming to the doctors. The average man is likely to be about thirty years of age, and he is very disconsolate about his condition. One such man came recently and was given the following information, which everyone would do well to learn. In a nut-shell, the man felt he was a total loss sexually, because of *ejaculations* (discharge of *semen* or sex-fluid — "seed") occurring often before his sex activity had fairly begun.

If it may be any consolation, let me tell you that from 50% to 75% of our males are so afflicted. Now, are these unfortunates really *Afflicted*? No, I do not think that is quite the right word; rather let us say, *badly trained*—or not trained at all

Has any one ever been taught how long sex relations should last? No one, within my knowledge; and, more than that, it is rare indeed to find any one with more than a mere superficial idea of sexual life. No wonder, then, that there is so much disease and other suffering so closely interwoven with the act of intimate contact of male and female.

Before delving into the problem any further, let me impress on all, quite firmly, the fact that there are two parties engaged in every nor-

mal relationship—a man and a woman. Both have equal rights to satisfaction. When both sexes realize this is absolutely a fifty-fifty proposition, we will have gone a long way toward mutual understanding. Males must cast overboard that old-fashioned notion that woman is passive, or even "frigid," when, as a matter of fact, she is often a seething volcano at the time.

Ah, let us watch Mr. Average Man. See how he smacks his lips, jauntily adjusting himself after a little sex affair. As he struts away, a smile on his countenance, he seems to say, with the Count of Monte Cristo—"The world is mine!"

Look closely and you will note a suggestion in his demeanor which might convey the impression: "I have just made a lady very happy." Now, as a matter of fact, the woman whom he thinks he has favoured, really obtained no satisfaction at all; in truth, she is fast becoming a *neurotic* (bundle of nerves) as a result of uncompleted sexual relations. Sex is a force that cannot be temporized or played with; for, when thwarted in one direction, it will come out in another. Some wives make no protests against thier husband's shortcomings, fearing this would brand them as immoral women. How sad!

You ask me, how long a love seance lasts. Recent observations



seem to indicate most are over in two or three minutes; very few indeed last five. It must be apparent, then, with these rapid fire males and those momentary lingerers, that there is a corresponding number of women who are but feebly stimulated. Many of these unfortunates of the feminine sex make up their minds not to worry so long as the family head provides well for them.

A very refined lady once asked what could be given her husband as a tonic. "You see, Sir," she continued "it seems as if my lord has no control of himself. He messes things up terribly and then leaves me in a dull stupefied condition. My husband is a fine fellow and I do so want to help him." An audience was arranged for the husband. On his arrival, this worthy began to recite in great detail his sexual triumphs. It was once suspected he was a total loss.

When he ranted as to his always giving great satisfaction to others, and suggested his wife must be frigid, it was truly difficult for anyone to refrain from smiling. This man felt what he was saying to be correct. Alas, what a shock to him, could he know the real truth!

I know it will come as a big surprise to my readers, when they hear that some women have been married, aye, for years and still remain virgins. Yes, a well-known surgeon recently reported the case of an eight-year marriage,

in which the *hymen* had never been ruptured.

Even this experienced physician admitted it was very difficult to explain. Such a state, however, presents no mystery for those who study sex and its peculiar variations. The case just related was merely incident to the fact that the husband was a premature ejaculator and never really consummated his marriage. It is certain a similar condition existed in the first instance I referred to.

A husband recently claimed that his wife would have nothing to do with him, and therefore, wanted a separation. There was another side to the story that he had not given. It appears this ruler of the roost felt that marital relations are a rough-and-tumble affair.

Ah, well and good; but this man did not have enough of the cave man in him to get away with it, and premature ejaculation resulted. The wife developed attacks of *vaginal spasm* (See Vol. 4, *Unresponsive Wives*) on the approach of her consort. No, premature ejaculations are not impotent, but they might just as well be.

Dr. David H. Keller as editor of *Sexology* Magazine, receives countless letters from men and women seeking advice on personal matters. In one year he got over three thousand letters. Of these over 10% were in connection with this subject of premature ejaculation. The letters came from the

husband or wife, for naturally both are the sufferers when this disorder arises. There is complete sexual satisfaction for neither of them.

Dr. Keller has devised a programme of treatment which is suitable for a majority of men suffering from this ailment. It may best be explained by means of a typical case, one of the many in his case files.

A man, 26 years old, started to masturbate to excess at the age of 13; at 19 he began extra-marital intercourse but, at the same time, continued his auto-erotic habits. At 21 he contracted a gonorrhea. When 25 years old he married and interrupted his marital activities as a birth-control measure.

Orgasm frequently occurred before actual intercourse, and always within two minutes after the beginning of the marital act. The husband is nervous and despondent and the wife irritable, unhappy and frigid. They have considered a divorce. Here is Dr. Keller's advice.

There is nothing unusual or mysterious in the story you have told me; I believe that it has been duplicated in thousands of marriages. From the age of 13 you have simply failed to obey many of Nature's laws, and now you are paying the penalty.

Suppose we review the facts you have just told me. First, there was masturbation, started at 13, practiced constantly till you were 19, intermittently from 19 to 25 and (though you did not say so) since your marriage during the indispositions of your wife.

A period of indulgence in this habit during early childhood can be considered normal and, perhaps, most adolescent boys do this a few times from the experimental viewpoint. But, during the period of your active growth from 13 years up, the testicular secretions were needed for the intellectual growth and the physical well being of your body. Instead of absorbing them into the blood-stream, to feed the body, you wasted them. But you also developed a habit of sex expression that is not normal.

You developed anxieties concerning this failure. There came the fear that you would never be any better, but might become impotent. Before each act you anticipated another failure; you were thus really defeated before you started. And the practice of withdrawal simply added to the anxiety *neurosis* (nervous weakness).

Suppose we see how many kinds of fear you really had: the fear of failure before each act; the fear of early impotency; the fear of marriage broken by divorce; the fear that poor technique might lead to pregnancy; the fear that, if you became a father, the child would have been hereditary taint. There are five distinct fears, any



one of which would be sufficient to cause failure in married life.

Your cure lies in the conquest of these five fears. This will be easy for some of them, if you believe me. For example, the habit of masturbation, and that of premature emission, are not transmitted to the child. If you start to lead a healthy, natural sex life there is no reason to think that you will become impotent earlier in life than the average man. As for the other three fears, you will have to adopt and hold to a new pattern of sexual life.

In the first place you must stop all forms of masculine contraception. This will require the sympathetic co-operation of the wife because she will have to take the responsibility until the time comes when you two are ready for parenthood.

You will find an immediate improvement in your condition arising from the change in your life; because then your free expression of married activity will be the express train of the track of life, instead of freight trains.

Then you have to stop your habit of autoeroticism. If your wife does not know of this habit, she at least suspects it; and this knowledge or suspicion is not at all pleasing to her. It really wounds her feminine vanity. She wants to come first in your life instead of an abnormal habit's doing so. I believe that, if you have normal married intercourse, in an absolutely natural way, there

should be no great difficulty in ceasing masturbation.

Finally, there are three additional pieces of advice that are always beneficial:—

- (1) Lessen the number of acts of intercourse to at least half your usual number. Try to see how well you can do each, instead of how often. The main reason for this is the curing of the fatigue and attendant irritability of the nervous system.
- (2) Do not try to have more than one union in one night. To do so simply increases the fatigue.
- (3) Talk over the entire matter with your wife. Remember that it takes two to make a bargain and two to make a successful marriage. You need her help and co-operation.

I am not going to say very much about medicine because I feel that this advice is far better than anything in the way of drugs. But you may need some help in the first part of this new programme of living and in that case you may find it in bromides, 2 hours before the intended act of intercourse. (The size of the doses and the frequency must be determined by a physician in close touch with you. Do not try to take them on your own responsibility.)

That is all. If you take this advice, you will conquer your fears and recover. I hope that you do so. And that you and your wife

will enter upon a new and happier life, and avoid that divorce.

A similar case from the files of Dr. Keller was concerned with another fairly frequent difficulty. A man had just been married, and found that, after one intercourse, he was almost impotent for several weeks. He wanted advice concerning this trouble.

Every man has certain sexual capabilities. Some men can withstand the effects of very frequent intercourse, while others cannot. The trouble with this man is that he has not yet learned to adjust his desires and be satisfied with the results.

There is nothing wrong with him except that he is not satisfied with his normal capacity and is trying to live the kind of sexual life other very "potent" men live. If he would just learn that it is not the quantity of sexual incidents that counts with the average woman, but the quality of the individual episode, he would cease to worry.

Thus (in all such anxieties, the same two factors occur again and again: *ignorance* of the true biological facts concerning married life; and *fear* that youthful indiscretions will work permanent harm. The adjustment to marriage is something that cannot be learned in a day. Marriage is a fine art and, unless it is carefully and intellectually studied, with a great deal of mutual love and patience, it is bound to result in unhappiness and dissatisfaction.

Another keen student of this subject of premature ejaculation, L. E. Eubanks, has this to say about it:—

"Too many men laugh it off. It's a cruel joke. But the same men lament that their wives are ailing so much of the time, don't want to go anywhere, etc. We have to remember that sexual intercourse is the fundamental reason for marriage; and, if any institution is fundamentally defective, there are going to be many evidences of that imperfection. It must be significant that the all-round wife, helpmate, good pal, loving companion, and capable mother, is always the woman whose sexual adjustment to her husband is satisfactory."

To be unhappy sexually is to be unhappy generally. I suspect that we'd hear a mighty howl from the sterner sex if men had to stand one-fourth the suffering from a similar cause that the so-called "frigid" women endure.

Even from the selfish viewpoint, a man's carelessness about the woman's share in copulation is a "poor system." No man who has not experienced the ideal embrace, wherein *orgasm* (climax of feeling) occurs in both simultaneously has known the real happiness of sexual intercourse. When a woman knows that she can look forward to an event of that kind, she cheerfully co-operates with her husband in the effort to make this phase of their life together as perfect as possible. She's as different from the unsatisfied, sexually



starved woman as day is unlike night.

Every married man should aim at this ideal adjustment. Its attainment is not half as difficult as some men believe; because the cure of "uncontrolable" ejaculation is mostly a mental matter. Ordinarily, no medicines are needed, and most positively, all quack appliances and nostrums must be avoided.

Here is the common complaint from most men whose wives are slow in warming up for the sexual embrace: "I can't pet and caress her in a sexual way, with the purpose of getting her mind properly 'tuned in,' without my own passion racing too fast."

But, nine times out of ten, you can! It takes some practice, and the inclination is to give up after but feeble effort. Every man is "fired up" most quickly by some certain procedure, in his petting of his wife. That is what he will usually do; whereas it is the one particular thing to avoid (for her sake, remember.) Some other maneuver that exercises just as much stimulation on her as what you prefer to do, but which does not mean as much to you as does your usual course—that's the best preliminary, under the circumstances.

I know this is a practicable method, for good results have been reported to me. A friend of mine whose wife had suffered three years from his premature finish of

intercourse always made a certain move which was most stimulating to him the principal feature of his preliminaries; it was effective, and his wife could never reach her orgasm in time.

He took my suggestion to eliminate that favorite maneuver, and the results were highly satisfactory. Had he been as selfish as some men, he would have refused; but his wife now compensates in the latter half of their intercourse for any satisfaction that he misses in the preliminary stages.

Very seldom is a woman as constantly passionate as a man. Her desire may be just as great, when there is a desire; but the majority of women are different, if not actually opposed to intercourse during a part of each month. A man makes a grave mistake to insist on self-gratification at such times—particularly if his wife is thoroughly agreeable to *coitus* at other times.

Here, again, the husband is fighting his own best interests, if he obeys selfish promptings; for, as I have said, intercourse gives only half its possible satisfaction when the act is distasteful to the woman. Also, the man's health and potency will be the better for co-operation with his wife in these "rest" periods.

Considering the closeness of association between man and wife, there are many other mutual interests besides the sexual, a man surely is unwise to let sexual selfish-

ness jeopardize the harmony and sweetness of his marriage. Usually, gentleness and consideration will make a wife all that her husband desires; but it is only human for her to resent selfishness and brutality.

Marriage technique means a great deal to both parties in a marriage. Many a man suffers disorders because of his own faulty technique. And women suffer even more than men from errors of love-technique! There could be much said about this, but the reader is referred to No. 6 in this Series, Marriage Mechanics.

A man is usually pretty particular about the responses of his wife. But is he sure of his own ability to perform the sex act satisfactorily? A man usually will say that he has loved his wife "passionately," and then complain that affairs are not getting along properly. When he says he has loved his wife "passionately," it usually means only that he has always greatly desired her. Passion and desire may or may not exist without love and affection. Being "beefy and athletic," if he is like most men of that type, his energies are probably largely consumed by his work, sports, alternately dulled and stimulated by his food and drink. That type though often vigorous, never has time for love-making.

A wife must be made love to, every time her husband approaches her, for both to be truly happy.

The man who has no time for this misses as much as she does, she will realize the lack, but he will not. Men expect the wife to be always ready, waiting for their favors; if she should intimate her desires, he'd probably be too tired, or sleepy, or have some other excuse. More likely, he'd consider her immodest, a "wild woman" or think he'd married a "nymphomaniac"! Husbands are that way, observes Grace Verne Silver, explaining the feminine reaction.

In addition to this early blundering, many bridegrooms—and experienced husbands, for that matter—may be hasty and indifferent in regard to other aspects of physical relationships. Not only do some women require more time for preparation than others, but a much longer time may be required by them for complete consummation. Because of this, the thoughtful husband will endeavor to time his climax so as to make it as nearly synchronous with that of his mate as possible.

Delay on his part may sometimes be accompanied by leaving all activity to his wife. The thoughtlessness of some husbands in regard to this problem is the cause of much dissatisfaction to those wives who know that they are being cheated. Many of them never experienced a love climax because they have not been taught how to bring it about and they go through life, in some instances, suffering from various nervous



and other ailments which have resulted from these periodic congestions of the reproductive organs, which have not been relieved by the relaxation which follows the climax.

For these reasons, if the measures recommended do not prove successful, the husband should consult a physician. Circumcision or the cutting of the band of tissue called the *frenum* may be all that is necessary to relieve the excessive sensitivity which may be responsible for the trouble.

Surgery and other similar measures may have their place in treating premature ejaculation and kindred disorders. But the main thing to remember is that the cause is usually a mental one, and that the cure must likewise be a mental one. Fear is of the greatest importance in this regard. Find the cause of the fear! treat the cause of the fear—that is, remove it by logic or other mental persuasion; and then watch the premature ejaculation disappear.

If a couple are in fear that they will be disturbed, then very likely the sexual relations will be unsatisfactory to either of them. Perfect quiet and relaxation are the best aids to satisfactory relations.

When a man and woman enter into sexual relations, they must be in a little world by themselves. Thoughts of everything else must be avoided and, above all, that tragic spectre known as fear. There must be no fear of interruption; no fear of pregnancy; no fear

of disease, or of anything else that word implies.

A little French farce many years ago well illustrated the effects of interruption on the sex emotions. Two young men were in love with the same lady, who finally made her choice; and the nuptials were celebrated. The loser decided he would, therefore, deprive his successful opponent of at least a few of the triumphs that accompany success.

Accordingly, the wedding party started out and soon neared the nation's border. The successful suitor had disguised himself as a customs officer and, at what he thought must be the strategic moment, knocked on the door of the sleeping compartment. The bride and groom were both greatly startled; so much so, that there was no attempt at marital relations that night. On the following morning, another frontier had been reached. At this moment, when the bride and groom had overcome their previous fears, there was another rap on the door by the spurious customs officer. That effectually ended anything in the way of relations for the bride and groom that day.

"Ah, well," said the husband, "When we reach the hotel, everything will be safe." About one hour after arrival at the inn, husband and wife once more attempted to consummate the marriage. Alas! There was another knock and the villain in a new disguise,

told the unhappy pair that they were wanted at the customs house, for failure to declare their baggage. On arrival at the official headquarters, the couple were told that some mistake must have taken place.

Under ordinary circumstances, the man and wife would have promptly forgotten the incidents. However, sex is no ordinary thing, and the young bridegroom suddenly found himself impotent through fear. His vitality was at a low ebb for a long time and he required quite a bit of treatment by a sexologist.

Another case of a similar nature is that of a Mr. C., reported by Dr. Winfield Scott Pugh:—

Mr. C. was a vigorous young man; in fact, quite an artist at the sport of tennis, which is a live man's game if ever there was one. This youth, at the age of twenty-two, married a very attractive girl. To look at the young couple, one would say they were well mated in every way. Things went along very nicely and, in a little over a year after marriage, a baby blessed their union. Shortly after this, there came financial cares, and Mr. C. took up a hole in his belt, and prepared to face them.

"Ah," said he, "this means no more children in our family for some time." To this the wife agreed. The marital relations were considerably reduced; so much so that both parties began to be much disturbed. Then, ac-

tivity was resumed, but the husband could not keep out of his mind the fear of children. "If they come," thought he, "what will I do to support them?" (In these days of contraceptives, "safe periods" for women, etc., all this seems absurd.) Mr. C. began to say he had lost his appetite for sexual matters. To use plain terms, he was developing impotence, due to fear. When he was shown that pregnancy is not necessary every time *congress* (sexual intercourse) takes place, and that parentage may be deferred to a more convenient time, his recovery soon came about.

There are so many angles to the fear "complex" (mental state) I cannot detail them all. Just remember that fear of interruption, fear of pregnancy, fear of disease, fear of failure, or any old kind of fear, must not enter the picture.

Men of past middle ages, however, should expect to see a diminution of the sexual powers. A man 55 years of age, well and strong, who had had no venereal diseases, complained that he felt himself "slipping." He was married to a woman somewhat younger, and he said that he was "sure his condition is a disappointment to her, though she does not complain. Sometimes I am not even able to maintain the necessary erection sufficiently to complete the act." The answer, as provided by Dr. Keller, reads as follows:—



"At your age, the best advice I can give you is to limit the frequency of your marital intercourse. The less you indulge, the more satisfactory will be each individual act. A man of 55 has to accept the fact that he has not the vigor of a man of 25. The next piece of advice is, never force yourself to the act, but wait till you find that you are really anxious and prepared to accomplish it. I believe that, if you follow these two simple bits of advice, you will find a satisfactory improvement in your sex life.

It should be pointed out that premature ejaculation represent an increased sensitivity of the sexual nervous supply. And this, strangely, enough is a fore-runner of no sensitivity at all. In other words it is but a single step from over-excitement to none at all.

The cause of the disorder is: normal, too much, and then noth-

ing at all. It is obvious, therefore, that premature ejaculation is not to be treated lightly. It is not an end-result itself, for it leads to impotence, inability to perform the sexual act, if it is not taken care of.

When in the least doubt, see a doctor. Save yourself heartaches and worries later on by investing in a visit to the doctor at the first sign of waning sexual powers.

A last word—the subject of premature ejaculation, and of unsuccessful husbands has another side to the story. This disorder in men almost always leaves the wife unsatisfied. As a result she often develops a neurosis, or some other mental or even physical disorder. This is usually in the form of frigidity—a dislike of sexual relations. You should read No. 4 in this library, "Unresponsive Wives," if you are to get the other side of the story.

## THE END

# UNRESPONSIVE WIVES

*By*

WINFIELD SCOTT, PUGH, M.D.,

DAVID H. KELLER, M.D.,

And Other Prominent Physicians.

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Volume IV

PERSONAL PROBLEM LIBRARY

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ONE of the males of the species," declares Dr. Winfield Scott Pugh, "entered my office, roaring like a bull, and with great difficulty restrained himself until I arrived.

Immediately upon seeing me, he exclaimed: 'I want you to examine me at once as my tension is terrible!' 'What bothers you?' I ventured to ask. 'Not a thing,' he replied, 'but this morning I asked my wife if she did not feel pretty fine. It shocked me to hear her snap in return. Don't be so conceited; you would not be a suitable mate for a kitten.'

'How can one live with such a woman?' shouted this irate citizen.'

Ah, yes, his wife had discovered

that his vaunted masculine prowess was built of cobwebs. It seemed to him as though her speech and tone suggested that he was but an idol of clay, and it hurt. This proud husband would not listen to any explanation of his shortcomings such as, for instance, partial virility and prematurity. What was the end? Why, plenty of grist for the mills of our tabloids, and much dirty linen aired in public."

In behalf of the fair sex, let me say they will go through fire, or take the worst kind of beatings from so-called men, who give them physical satisfaction. Those who have read Faulkner's "*Sanctuary*" (or seen the picture version, "*Temple Drak*") and are capable



of analyzing it, will see this fact clearly depicted. I know of many such instances in actual life, and realize that the story is not impossible. The girl despises the villain, but he gives her that something her nature needs, so she tolerates the worst from him.

Woman's nature requires that she be emotionally awakened by her consort; it is only then that the ideal in love can be achieved. If Mr. Male finds he cannot do this because of prematurity, it is necessary for him also to awaken. Should there be a disease responsible for failure, do not neglect it, but have it taken care of by a sympathetic physician of experience.

Masturbators, usually, are subject to this trouble which, you must see, is the result of habit and can be cured. If your failure is not from these sources, proper training in "the manly art" is essential—no not pugilism, but marital technique. (See volumes 3 and 6 of this series.)

Listen to this little tale from life: Mrs. B., aged 23, was a woman who would awaken the dead from their sleep. She had grace, intelligence, culture and beauty—what a combination! Mrs. B. had married a man to whom she was devoted, and he returned it as best he could. The bride had never been taught anything of that intimate relationship of the married but had formed ideas, (and correct

ones at that), from good literature.

On their wedding night, the husband had approached her very gently and in the excitement was overcome by prematurity. As the fond spouse saw his bride was distressed, he told her he did not desire to inflict suffering on her. "Well," this lovely lady continued, "it is now almost seven months since our marriage, and I am sure that it has never been properly consummated."

As I am a good listener, Mrs. B. rambled along with her tale of woe. "I have," said she, "a young woman friend, who has everything in the realm of medicine the matter with her, I often wonder how that girl's trouble could be accounted for, as she has everything in the world her heart desires. One night last week, in an outburst of mutual confidences, she told me the whole story; that her husband must have been addicted to youthful practices, for he was similarly incompetent."

Mrs. B. went on to tell in very plain language, that her husband was still only virile for a moment, then rolling over to sleep. The wife, meantime, had to take a sedative, or pass the night under great psychic tension.

Walter Crane says that:—

"While impotence in the man is a fruitful source of unhappiness in marriage, and frequently may lead to separation or divorce, frigidity in women is also a frequent cause

for the same difficulties. A state of at least partial frigidity, or lack of sexual desire, exists in a much larger percentage of women than is usually suspected.

Besides the immediate unhappiness brought about by the unresponsiveness, passivity or even antagonism in the sex relation on the part of the wife, this state of affairs is the most frequent cause which leads men to seek relief in extra-marital sexual relations, with all the dangers and difficulties that entails. Here, too, sympathy and co-operative understanding between husband and wife may do much to avoid catastrophe."

Frigidity is quite frequently the result of early sex taboos, lack of sex knowledge or prudish teachings, and when these conditions are overcome frigidity will often entirely disappear and the wife will become perfectly normal.

For many women, however, early teachings have caused such an aversion to the physical sex union that they fail to respond to a husband's advances no matter how gently, delicately and diplomatically they are made. To many women of high moral character the knowledge of the way in which some members of their sex earn a livelihood by prostitution has brought about a strong aversion to intimate sex relations which, brought into their own married lives can develop into a frigidity which is most difficult and sometimes impossible to overcome.

This lack of sexual desires does not necessarily prevent a woman from participating in sexual union, but it will generally be a more or less passive participation, in which the woman does not play the part she should.

It is obvious that intelligence and gentle sympathy on the part of the husband, which will enable the wife to advance steadily in sex, knowledge and experience without undue emotional disturbance, can usually overcome most cases of frigidity and partial frigidity. This is especially true where the situation is the result of ignorance or early-acquired sex taboos.

In order to overcome frigidity in cases where it is possible to overcome it, the actual cause must be determined and steps taken to wipe it out. In addition, as in the case of impotence, the building up of the general health of the victims is most important. Anemias (lack of blood),—nerve depletion, toxemias (poisoned blood conditions), constipation and disease of the pelvic organs all have a marked influence upon a woman's sexual nature.

An out-of-door life, with plenty of exercise in the form of walking and sports; the wearing of proper clothes, which should be loose and comfortable; strict attention to the eliminations, the avoidance of over-fatigue, sufficient sleep and rest, and the eating of proper foods — all these are measures that can be taken. The

taking of sun baths, either natural or artificial, and daily warm baths followed by cold showers and friction rubs may help very much in the rebuilding of health and vitality and the restoring of the sexually cold woman to a normal sex plane.

The sexually frigid woman wants her vitality restored by some natural means. She does not realize that her sexual incapacity is a meaningful and rational phenomenon within a style of life which aims at the evasion of mature responsibility. Patience, proper physical care and a cheerful frame of mind are the three most important essentials for overcoming the condition of frigidity.

There are so many different approaches to the problem of frigidity, that one often thinks that it "just has to be." It would seem that it is too complex for anything effective to be done about it. But is a very prevalent disorder, and it must be treated. Take the following case as an illustration:—

A woman declares that she has been married twelve years—twice, in fact, to perfectly healthy husbands — she continues, "I have never been able to find satisfaction in intercourse; I have been examined by various physicians, who say there is nothing wrong with me physically. I am in perfect health, and cannot understand this; but I feel that the fault is my own. Can one take any medicine that would help this condition? I

have heard of "Spanish Fly"; but I do not want to take this if it is considered harmful.

"Most physicians tell me this is the natural condition of women—that the greater percentage of them do not receive much satisfaction from the married relation."

What can be told such a woman? The answer would have to take some form as the following:—

It is not at all an unusual condition. Probably, 10% or more of married women are thus afflicted; and I believe that, in most cases, it is a mental state rather than a physical one.

Drugs are not worth much. "Spanish Fly" (*cantharides*) would be the worst thing you could take; it is very dangerous to the kidneys. I would advise you to take nothing; though, if your family physician thinks favorably of it, you might try some of the newer sex hormone preparations which are recommended for this condition. But they have to be given by hypodermic, are expensive, and still in the experimental stage.

The best thing would be for you to read good literature on the subject of frigidity, and see if you cannot get a better understanding of the underlying mental causes which result in a blocking of your nervous reactions. A good idea, too, would be for you to show this book to your husband, so that he would have a deeper insight into feminine psychology, and so



be able to help you in your difficulties.

One of the things which today contributes largely to the amount of existing marital discord is the fact that there are so many wives who manifest a persistent indifference to physical relations and fail to obtain satisfaction. So often this brings taunts from the husband and results in quarrels.

Yet, as a matter of fact, it is not always the wife who is to blame for this seeming indifference. We must always remember that it is often due to the husband, who does not know what is required and fails to play his part successfully. Women may never experience the satisfaction and relief of marital relations, and may become physically frigid through the ignorance of the husband, who however kindly disposed, does not know how to proceed.

The shock and suffering endured by many a young wife on the honeymoon is too frequently prolonged into after-life, and many seriously mar the connubial bliss. For the husband there must be some degree of satisfaction from the marital act or it cannot take place at all, but the wife may lend herself to the act without any such feeling.

The belief that a woman requires no preparation for marital relations is widespread, and to this erroneous impression may, in a measure, be attributed a large part of the existing domestic discord.

Though the man's excitement is necessary for the wife's gratification, yet the reverse is not the case, as the wife will have no biological climax without previous desire, and if this be lacking, marital relations for the man will be but partially satisfying. It is, therefore, fairly obvious that so far as their marital relations are concerned it is essential that every husband and wife together should seek to become familiar with those conditions which will best contribute to that *mutuality* in which is to be found the greatest happiness.

In too many instances a young wife, potentially passionate, is made permanently frigid because of her own ignorance, or that of a blundering bridegroom, or, at least, derives little satisfaction from the most important essential to happy marriage. Because of her ignorance of sensible birth control, the young wife's fear of early pregnancy may result in inhibitions which will interfere with her normal desires and reactions, so that even in early married life she may resort to procrastination, or insist upon harmful practices, or other ill-advised means of birth control, which destroy much of the happiness and satisfaction which should result from physical union—particularly her own.

No method of birth control should be resorted to which interferes with the spontaneity of physical union, or the normal sen-

sations and climaxes of the participants, nor should such relationships be followed by so-called sanitary measures which disturb the lasting glamour, and desire for peaceful repose, which should follow normal experiences of this kind.

The ignorance of many young women in this respect is illustrated by the statements and queries of prospective brides who are wise enough to seek information on this important subject. One asks if there is any way to avoid the inevitable pain which brides must suffer for some time after marriage because of their husband's advances.

Another has been told that the only desirable thing to be expected of physical union is babies, and that in other respects it is distasteful. The young woman who approaches the bridal couch with such false conceptions of love's consummation needs a great deal of patient instruction, and careful consideration on the part of her husband from the very beginning, if either of them is to experience the immediate happiness which is the heritage of every loving couple, as well as a long, happy and fruitful life together in the years to come.

There are mental causes of frigidity, certainly, but the physical ones must not be forgotten. Sometimes a woman has so much pain from sexual relations that she is prevented from experiencing any

real satisfaction. "Why are marital relations so painful to me?" is a frequent query to doctors.

Those who are not initiated, are very quick to say that friend husband has a case of overdevelopment; but, though such cases do possibly occur, I assure you they are very rare indeed. Let me say also, mere size of the parts means nothing in sex—all widely-prevalent notions to that effect, notwithstanding. (The reader should see the first volume of this series—*Sex Physique Averages*.)

Many marriages are a torment to the woman, and some wives have been separated from the husbands because their approach was unbearable. I have often said, the average male—particularly in "Anglo-Saxon" races—is not very adept in the little intimacies of love. Some are, in fact, so crude that one would be led to suspect they thought marital relations a wrestling match. Such things, however, are usually righted in one way or another.

When a man and his wife enter into sex relations in a perfectly easy and natural way, yet with pain resulting to the female, something is wrong; very wrong. It is frequently noted that the complainant considers the sexual act to be repulsive. That, of course, means faulty teaching somewhere.

Girls, who have had beaten into them the idea that sex is merely a brutish pastime, will naturally try to avoid it. Then there is an-

other group, who have been reared in the belief that marriage is merely for companionship and the creation of off-spring, when desired. It is not infrequent to find such a woman loudly complaining of pain when a husband makes advances. Such tactics usually lead to her husband being driven into the streets; ultimately acquiring gonorrhea.

I need not tell you that gonorrhea is very serious, and the wife, often becomes the victim of the disease. Then again, I see the tricky wife who, for reasons best known to herself, will scream at the approach of her husband.

Painful relations are often found out by the physician without even being told about them. In examining the woman, the doctor meets the situation known as *vaginismus*, which is a spasm of the vagina.

The spasmodic contractions of the vagina during sexual relations are enough to make them unsatisfactory to either the man or the woman. They may be so severe that entry is prevented, and in any event they make relations painful to the woman.

Vaginismus is fundamentally a symptom, rather than a distinct disease. It consists of an unduly sensitive condition of the orifice of the vagina, manifesting itself by exceedingly painful spasmodic contractions of the vagina. The slightest effort at coitus usually brings on an attack of vaginismus,

interfering with sexual intercourse. Long standing vaginismus is apt to set up serious nervous disturbances, and is one of the main causes of *dyspareunia* (painful coitus).

*Vaginismus* is due either to anatomical causes, situated in the vulva (external opening) or the lower vagina, or to deep-seated conditions in the internal sexual organs. Among the most prevalent causes are a rigid *hymen*, preventing entrance and resulting in injury and the development of ulcerations; a very small vagina, preventing entrance; and chronic *vaginitis* and *vulvitis* (inflammation of the parts). Deep-seated ailments account for a number of cases, such as exceedingly tender and sensitive ovaries, or inflammation of the Fallopian tubes, between ovaries and a womb.

There are a number of cases that are purely psychopathic (mental), in which there is no abnormality to account for the condition. On examination the vagina is found normal in dimensions and depth. The *vulva* does not present any deviation or disease, and the *hymen*, if not broken, is fairly plastic and easily rupturable. The internal sexual organs are in a healthy condition and not unduly sensitive.

Such cases of *vaginismus* are very difficult to treat satisfactorily. Many of them never yield to any kind of medication, and the subjects, if married, eventually



separate from their husbands, and discontinue all efforts at sexual intercourse.

This is the only rational solution, if the ailment is found unyielding to treatment, and should be recommended by the physician, before the constant strain on the nervous system works irreparable injury. Fortunately, there are very few of these discouraging cases.

Another very common cause of frigidity is the lack of nervous energy. Sexual relations require complete (or as nearly so as possible) relaxation, freedom from fatigue. Recently a woman wrote:

"I am a woman approaching middle age; I was married for years to a man by whom I had two daughters, but our relations were almost always physically unsatisfactory. We were then divorced. Later, I married another with whom relations were very satisfying for a year and a half. But since then I have found them distasteful, though his presence is always pleasant to me. I wonder if this frigidity of mine is due to the fact that I have to work hard. Can you tell me what pills some people take to stimulate desire? And are they injurious?"

A reply to this woman would be something like this—and the information should prove of aid to many women all over the country—

I am inclined to agree that a large part of your frigidity is due to the fact that you have to work

hard. We find that this factor alone is often the cause of impotency in the male. The feminine orgasm expends a large amount of nervous force in a few minutes. This nervous force has to be accumulated and, if the woman works hard, there is no accumulation.

I think that, if you could have your breakfast served to you in bed, rise at noon, loaf through the afternoon and then have some amusement at night, in a month your sexual reactions would be much more satisfactory. I realize that this is easier said than done. Another thing you have to realize is that there are degrees of orgasm, some almost violent and some decidedly placid. You may have these mild variations and not realize that they are just as much orgasms as the more vivid experiences.

In regard to this, I advise you to read up on the subject of the nature of the sexual orgasm in both men and women. Men and women differ in this regard, and it would be well that women should not expect to have ejaculations such as men do. That is not the normal essential of orgasm in the woman. Perhaps you are expecting too much.

Another handicapping factor is the fact that you were unsatisfactorily married to a man for years, during which you formed the habit of not having the orgasm. You partly overcame this habit during

the early months of the second marriage, but you were growing older all the time and the new habit did not last; though I think it would have done so if your general health had been better because of a less strenuous life.

I would suggest that you do not try to solve your problem by means of drugs and medicines. It will do you no permanent good. My advice to you is that you try to time your sexual life so that sexual episodes will follow at least 24 hours of complete relaxation. Rest is nature's best medicine, and you will find it to be just that. Avoid drugs, but take plenty of rest. That will put you in good health again, and our problem of frigidity will be lessened, if not eliminated entirely.

Part of the explanation of frigidity lies in the highly nervous life that so many people live to-day. Women are sufferers from the nervous strain as much as men, although they are able to conceal the effects better. The great need for normal sexual expression is told by the immortal Sigmund Freud, in *"Civilized" Sexual Morality and Modern Nervousness*:—

"The retardation of sexual development and sexual activity at which our education and culture aim is certainly not injurious to begin with; it is seen to be a necessity, when one reflects at what a late age young people of the educated classes attain independence and begin to earn a liv-

ing . . . . but the benefit, for a young man, of abstinence continued much beyond his twentieth year cannot any longer be taken for granted; it may lead to other injuries even when it does not lead to neurosis.

"It is indeed said that the struggle with such powerful instincts and the consequent strengthening of all ethical and aesthetic tendencies 'steels' the character, and this for some specially constituted natures is true . . . But in the great majority of cases the fight against sexuality absorbs the available energy of the character, and this at the very time when the young man is in need of all his power to gain his share of worldly goods and his position in the community.

"The relation between possible sublimation and indispensable sexual activity naturally varies very much in different persons, and indeed with the various kinds of occupation. An abstinent artist is scarcely conceivable; an abstinent you intellectual is by no means a rarity . . . . On the whole I have not gained the impression that sexual abstinence helps to shape energetic, self-reliant men of action, nor original thinkers, bold pioneers and reformers; for more often it produces 'good' weaklings who later become lost in the crowd that tends to follow painfully the initiative of the strong characters."

Havelock Ellis, in his *Psych-*

*ology of Sex* says the same thing in different words:—

“The conception of ‘sexual abstinence’ is, as we see, an entirely false and artificial conception. It is not only ill-adjusted to the hygienic facts of the case but it fails even to involve any genuinely moral motive, for it is exclusively self-regarding and self-centered. It only becomes genuinely moral and truly inspiring, when we transform it into the altruistic virtue of self-sacrifice. When we have done so we see that the element of abstinence in it ceases to be essential . . . .

“While from the point of view of society, as from that of Nature, the end and object of the sexual impulse is procreation, and nothing beyond procreation, that is by no means true for the individual whose main object must be to fulfill himself harmoniously with that due regard for others which the art of living demands. Even if the sexual relationships had no connection with procreation whatever—as some Central Australian tribes believe—they would still be justifiable, and are indeed, an indispensable aid to the best moral development of the individual, for it is only in so intimate a relationship as that of sex that the finest graces and aptitudes of life have full scope . . .

“The element of positive virtue thus only enters when the control of the sexual impulse has passed beyond the stage of rigid and

sterile abstinence and has become not merely a deliberate refusal of what is evil in sex, but a deliberate acceptance of what is good. It is only at the moment that such control becomes a real part of the great part of living, for the art of living like any other art, is not compatible with rigidity, but lies in the weaving of a perpetual harmony between refusing and accepting, between giving and taking.”

Sex is very necessary to the complete existence of both men and women. Why is it then, that women apparently run away from sex? Frigidity indicates a running away from sexual experiences by the psychological device of disliking them. Women *want* sex, women *need* sex, and yet women have the disorders of frigidity. Love in man is a single experience, but in woman it is her whole life. But nevertheless frigidity is found almost entirely among women.

Dr. Keller lists several fears which wreck havoc with the sexual life of women. The following are included in his list: Fear of adolescence, fear of loss of virginity, fear of pregnancy, fear of sterility, fear of loss of love, fear of the menopause, fear of disease.

These fears are the ones which are extremely important in causing frigidity, although they do not exclude others. A more detailed discussion of some of these fears, which are especially pertinent in



this discussion of unresponsive wives, follows.

Fear of loss of virginity: It may seem strange to some people that, in this age of widespread and unlimited petting, there should even now be some unmarried women who fear the loss of virginity. But there are such women with a fear, mainly due to faulty conditioning, of the primary intercourse; they have been told by their mothers or older women that all husbands are beasts and that the early nights of marriage are nights of torture.

These women may avoid marriage on account of this fear or, if they marry may prevent the physical consummation of marriage; it may be even physically impossible for the husband to effect intercourse on account of the spasm of the vaginal muscles. In one case, a woman had been married two years, yet remained a "virgin"; the sexual life consisting of natural masturbation due simply to the fact that intercourse was so feared that it was impossible.

Here again education before marriage should have prevented the fear; but it would have to be an education of husband as well as wife—and most young men would consider themselves insulted if told that they do not know how to love their wives properly.

Fear of pregnancy: With a certain type of married women, there is the fear of death from preg-

nancy and labor. The woman is confident that she cannot survive the ordeal, and is willing to take any measure to prevent pregnancy. She forms every possible excuse for refusing maternity, and this may lead to a state of marital unhappiness when the husband is doomed either to a life of continence or to extra-marital intercourse.

In one case, the wife was perfectly willing to agree to the sterilization of her husband, and claimed that this was the only way he could secure his marital rights. Conditioning plays an important part in the production of such reactions; the woman may have had her mother or a dear friend die in labor or she may have been told by an over-anxious physician that pregnancy and labor would end fatally. But, once the woman has the fear fixed in her consciousness, it is very difficult for her to overcome it.

The only cure is for her to find a physician in whom she has the greatest confidence, who will tell her that she is able to bear a child as the average woman. If she believes him she may lose her fear; but, all too often, she prefers to think that he does not know what he is talking about. I have had a dozen young women tell me that they are sure that pregnancy and labor will kill them.

There is a great deal that we do not know about the endocrine glands; but one thing we do know

is that they are influenced by the emotions and, in their turn, produce other emotions. Danger, grief, fear, worry will start the pituitary, thyroid, adrenals and ovaries into all forms of strange and unusual reactions.

For example, a woman indulges in extra-marital sex relations. Suddenly she finds that her contraceptive precautions are not perfect in their insurance against impregnation. She asks herself whether, after all, there is not a possibility that she has become pregnant.

The doubt causes fear, and the fear so alters her endocrine secretions that she does not mature an *ovum* at the usual time; therefore she does not menstruate when she should, and she may not menstruate for several months. The cessation of the flow confirms her doubt and increases her fear, *and she is convinced that she is pregnant* while the only thing wrong with her has been the fear of pregnancy.

Fear of the menopause. Many women become sadly depressed as they pass their fortieth year through fear of the menopause and the idea that it will produce such changes in their sex life and physical appearance that their husbands will forsake them for younger women.

They develop an aversion to their husbands, leading to frigidity. Yet many women really become healthier, more desirable and more

lovely after the menopause than they were before; so that, instead of its being a danger period, it can be made one of greater marital happiness.

The causes of frigidity in women, of unresponsive wives, are many. In this private book we have gone over the more important ones. It must be remembered, however, that the topic is a very complex one, and is perhaps the most complex one in the entire field of sexology. The person who understands frigidity understands sex! Men should know about it, for the knowledge would teach them to be better husbands, better men.

Women should know about it, for they would gain mental health and sexual happiness. It is necessary, to get a complete view of this subject, that the reader should read up on as many different phases of sex as possible. The present book is admirable for the purpose. Each volume has been written by an authority. It will be soon noticed that there isn't a phase of sex which is not connected with the subject of frigidity.

Venereal disease, marriage mechanics, impotence, sex physiques, self abuse — all these are very closely linked together. The woman is entitled to sexual happiness, and she can get it, as a rule, through knowledge. Both her husband and herself must co-operate, with a factual basis, and then no wife will be classed as "unresponsive."

# HOW TO PREVENT VENEREAL DISEASE

*By*

DAVID H. KELLER, M.D.,  
WINFIELD SCOTT PUGH, M.D.,  
And Other Prominent Physicians.

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Volume V

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ON May 13, 1937, Hon. John M. Houston, of Kansas, declared in an address before the House of Representatives in Washington:—

“Through careful surveys conducted over the last several years the United States Public Health Service estimates that there are 518,000 new cases of syphilis in this country every year which appear for treatment. How many cases of syphilis do not appear for treatment can be only guessed. Surveys of drug stores, questions directed to young men in all walks of life asking them what they would do if they acquired a venereal disease, lead authorities to the conclusion that at least two cases attempt to treat themselves with useless and dangerous drug-

store nostrums for every one who goes to the medical profession for proper treatment. So, conservatively, there are upwards of 1,000,000 cases of syphilis acquired in the United States every year. There is more gonorrhea than syphilis.

What price, 1,000,000 cases of syphilis? What do these cases cost America? Statisticians and economists can give us no simple answer. We do not know any more than we know with an accuracy the cost of a war or the cost of a depression.

Syphilis, like war and depression, leaves broken bodies, broken homes, blighted prospects in otherwise hopeful lives. These are no matters the census can deal with. We can, however, set down a few



clues to the cost of this great plague.

Syphilis gives us 10 per cent of our insane.

In 1933 the Bureau of the Census reported that there were 18,700 cases of general paralysis of the insane, known medically as paresis—all due to syphilis—in our State institutions for the treatment of mental diseases. These cases cost the taxpayers of this country about \$14,000,000 every year.

But \$14,000,000 for care of syphilitic insane does not count the cost to their families, the maintenance of indigent wives and children, the loss in producing power that would have made these sufferers useful members of society. Those things are part of the cost.

Nor does the figure of \$14,000,000 for care of syphilitic insane in 171 State hospitals tell the story. The American people pay also the cost of private hospitalization, and United States public-health records show that every year more than 8,000 cases of paresis are admitted to 500 institutions in the United States.

There are 43,000 syphilitic mental and nervous patients in American hospitals — public and private — thousands more under home treatment. At the same cost rate, we would show a figure of more than \$31,400,000 for the cases of syphilis which develop these complications alone.

Syphilis gives us 40,000 deaths from heart disease every year.

Each death from syphilitic heart disease, says the United States Public Health Service in a recent report, represent a loss of from 19 to 23 years of life. Thus between 800,000 and 850,000 years of life are lost each year due to the heart complications of this infection.

Syphilis gives us 4,500 deaths every year from paresis and another 1,100 locomotor ataxia. Each death from paresis represent a loss of about 22 years of life. Each death from locomotor ataxia represents a loss of about 14 years of life. These two add together 100,000 years lost each year.

With the inroads of congenital syphilis, it is safe to say that the total death roll of syphilis each year in life-years would bring the total annual loss past the million mark—1,000,000 years of life expectancy lost because of syphilis each year. What are 1,000,000 years of life worth in dollars and cents? What would it be worth to save them? That I cannot say, but an appropriation of \$25,000,000 a year for venereal-disease control work would invest and \$25 per life-year in the attempt.

Add to the economic losses the costs of treatments, hospitalization care, relief occasioned by the preventable disability of the breadwinner, losses to the employer.

Add to this the cost of accidents and catastrophes due to failures. Add to these the wasted millions which go to quacks and medicine fakers who would "restore lost manhood" or "cure female troubles" — many more millions than go to public health.

There you begin to get the picture of the cost of syphilis. I have not included the figures for gonorrhea, and there is more gonorrhea in this country than syphilis.

The cheapest thing this country could do with a million cases of syphilis is to cure them. The United States Public Health Service has iterated and reiterated that theme. The treatments have been long; more than 18 months of continuous treatment were required for a cure. They cost money. At a clinic the average cost is \$50 to \$75, whether the patient or the local taxpayer foots the bill; from a private practitioner, the average cost to the patient is about \$300; from a specialist, the average cost to the patient is about \$600. (Of course, today, we can cure venereal diseases quickly, safely.)

Take the middle figure of \$300 as a general average and one would have \$300,000,000 if our million cases of syphilis were taken at their inception and carried through to a cure—the cheapest thing that could be done with them. And there is more gonorrhea than syphilis."

These are only a few of the multitudinous reasons why venereal diseases are truly the Scourge of Mankind. They are expensive, they kill, they disable. The above statistics refer to syphilis. Gonorrhea is at least twice as prevalent as syphilis. And, besides, there are other venereal diseases than syphilis and gonorrhea.

These other diseases are increasing in frequency, and must now be reckoned with as serious menaces to public health. Chancroid is a venereal disease resembling the syphilitic chancre. These, however, are not the only diseases which can be communicated sexually: In a recent issue of the *Journal of the A. M. A.*, a lengthy article by Capt. Thompson of the U.S. Army calls attention to a disease of which there are interesting reports, and which causes (as do other sex diseases) swelling of the various glands in the groin. It is, however, carried, not by a germ which can be seen under the microscope, but by an invisible "virus" which passes through the finest filter.

Formerly regarded as a disease of the tropics and seaports, it is now spread much wider. For treatment, it is necessary to cut out the affected parts.

A recent item in the *Journal of Social Hygiene* by R. Fechner, Director of the C. C. C., reports that since the spring of 1933 nearly 2,000,000 young men have been enrolled in the Civilian Conservation

Corps; between 250,000 and 300,000 are constantly "in its ranks." Since the organization of the Corps there have been 25,278 cases of venereal disease among the members of the Corps, 20,393 of which were gonorrhea, 3,801 syphilis, and 1,684 chancroid.

This gives an incidence of less than 1½ per cent. for venereal disease. The venereal disease rate in the Corps, the author states, "is always lower than in the United States Army and generally is about half as great." The prevalence of venereal disease among the young men of the C.C.C., therefore, is considered to be "much less than it would have been had they not been members of the organization."

This, briefly, then is the damage and prevalence of the venereal diseases. What can be done about it?

One method, of course, is to have efficient methods of treatment and care. The best thing to do with a case of syphilis, or of any of the other venereal diseases, is to cure it, and to cure it as fast as is possible, with the minimum of expense and disability.

All this is a bit like locking the stable after the horse has fled. Better yet would be to *prevent* the diseases. A worthwhile campaign against any of the venereal diseases must work on two fronts—cure, and prevention.

How does one avoid venereal disease? Dr. David H. Keller com-

ments on the present status of the problem in these words:—

"The question of 'venereal' prophylaxis, or methods to prevent contracting venereal diseases during sexual intercourse, up to the present time, has taken two main forms: The first is an effort to protect the skin — to keep the germs of these diseases from touching and then entering the skin of the healthy person. The male tries to do this by covering his organ with a protective; unfortunately, he does not—and cannot—cover in a similar manner the skin of the rest of his body, his hands, lips and tongue. And the device protects perfectly only when it is properly applied and retained in place, and does not break. At best, it is a very imperfect protection for the male, and offers no protection at all to the innocent female.

"The second method is the use of chemicals to destroy the disease germs, if they should be placed on or in the body by an infected mate. This form of prophylaxis is more effective if it is properly and promptly used and, also, provided there are no cracks or injuries in the skin.

"A variety of chemicals have been used for venereal prophylaxis: silver salts, calomel ointments, weak solutions of carbolic acid, washing with soap and water, and the use of weak solutions of bichloride of mercury. Every genito-urinary specialist has his fav-



orite prescription and his special technique."

Discussing the prevention of syphilis in the *Revue Medicale*, Professor Constantin Levaditi, of the Pasteur Institute, and one of the world's greatest medical researchers, declared:—

"The problem is to find a means by which the spread of syphilis can be avoided, and not only individuals, but also their descendants, preserved from this terrible plague. If it is true that it is better to prevent him to cure, it is not less correct to say that prevention is really a cure before the contagion begins; because the infection begins at the exact moment that the microbe succeeds in breaking through the barriers (skin or mucous membrane) that the body naturally opposes to it. I know of no better way to proceed than to discuss, one by one, the chemical methods of disease prevention."

No one disputes that prostitution, especially of the clandestine variety, is the principal cause of spreading the venereal diseases. *The Treponema pallidum*, the germ of syphilis (in perhaps its invisible form) finding its way, usually by means of a slight opening of the skin, conveys the infection. This virus is present in quantity in the earliest syphilitic sores (chancres) of the mucous patches of a secondary stage—only traces are found of it in the tertiary or later stages of the disease.

It has been maintained that there are carriers of syphilis, as there are of other infectious diseases, who show no symptoms themselves, but who nevertheless carry virulent and contagious *spirochetes* (germs of syphilis); but this cannot be proved as yet. But there is no transmission of syphilis, we may say for practical purposes, without contact with an infected person. Hence, the necessity of urging those who are infected, if we are to limit the spread of the disease.

All writers on syphilis recommend its intensive and early treatment with arsenic, gold, or bismuth. However, it is not enough for us to attempt to stop the sources of contamination; it is also necessary to protect other individuals. How?

It has been found by experiments on certain animals (such as the apes and monkeys, and also rabbits and mice, which can be inoculated with syphilis), how the disease spreads. A few hours—sometimes a few minutes—are sufficient for the germ to travel from the point where it entered the system, to the lymphatic glands; in a few days, the whole of the system is invaded and, particularly, the lymphatic system, the spleen and the sexual organs.

Therefore, if one wishes to obtain true prevention, and not merely a premature treatment of actual disease, it is necessary to act without delay. Since the 18th century, physicians have recom-

mended either mechanical protections, or the use of local antiseptics, to prevent infection. In 1906, Metchnikoff and Roux, in the Pasteur Institute, made experiments on chimpanzees and lower monkeys, whom they inoculated with human syphilitic virus, and then treated five minutes, an hour, even eighteen hours after, by application of calomel salve. The subjects remained immune from syphilis, while the "controls" (other subjects given similar inoculation, without treatment) developed chancres.

Encouraged by this, the scientists put it to the test on a human subject — a medical student who volunteered for the experiment for its value to science. The application of the prophylactic, one hour after inoculation with the virus, left him free from infection. The method then came into use; it was tested on a large scale during the war, not only on the military forces, but on civilians. Other experimenters have studied the problem, but without bringing forth any very new contributions. Unfortunately, all the information is statistical—and we know what such statistics are worth; some are favorable and some unfavorable. If the method shows failures, these are to be attributed more to the imperfect use of the prophylactics.

I endorse, without reserve, the statement by Favre, the organizer of the anti-venereal campaign in France, that "the public health administration has not the right to

ignore this method, and it should take into consideration a powerful means of combating two diseases whose social consequences are very serious." I believe that this method of individual protection, in spite of its lack of certainty, should be used as one of the most valuable methods of combating venereal peril.

(Such compositions are usually based on mercury, and tend to protect against, not only syphilis, but also gonorrhea and chancroid. That most used in France is Gauducheau's Ointment, the formula of which is: Cyanide of mercury, 0.1 gram; thymol, 1.75 gram; calomel [mercurous chloride] 25 grams; lanolin, 50 grams; vaseline, enough to make 100 grams.)

It was to be expected that some other method of prevention would come in turn to take its place. Ever since 1922, I have been convinced that a true preventive should be based on the absorption into the system of a chemical compound, of definite composition, taken by mouth and readily assimilable. At first, we thought of bismuth; but compounds of this metal are not active when swallowed. So I was driven to look for a derivative or arsenic.

Ehrlich discovered "606," an *arsenic compound*, whose curative powers are of the best. But for theoretical reasons (apparently well justified) he had eliminated from his investigations another group of arsenic compounds; he

was wrong—but was any genius always right? Fournot and his colleagues M. and Mme. Trefouël, of the Pasteur Institute, understood this, and brought out many new compounds, one of which was to be called “Stovarsol” (Sodium aetylamino-oxphenylarsenic).

Experiments on animals showed that by administering to them a certain quantity of this, which produced no injurious effects, by the mouth, it was possible to protect them against infection by the most active syphilitic virus. This state of resistance or immunity to the disease was produced rapidly after the administration of the drug, and lasted seven or eight days—that is, just long enough for the arsenic to be eliminated from the system. But we needed the proof on man. Two willing subjects volunteered for this test—certainly dangerous, but which we felt encouraged to attempt, since the animal experiments had been so successful.

I and Navarro-Matin inoculated both of them with syphilitic virus, through a cut in the skin, and made them swallow two grams (31 grains) of Stovarsol; one six hours after the infection, and the other still five hours later. We waited with an anxiety like that of Jenner after his first vaccination, or Pasteur after his first inoculation against rabies. Again, neither subject showed symptoms of syphilis, and the reaction of their blood remained negative. But it was necessary to carry on investiga-

tions on a larger scale, and more nearly under practical conditions.

At the Cochin Hospital, Drs. Fournier and Jovanovitch, whenever a patient appeared with syphilis in its most contagious form, asked him to bring with him the woman with whom he had recently had intercourse. Either she was already infected (in which case she was given the usual treatment); or she showed no symptoms nor positive Wassermann reaction, in which case the preventive treatment was given daily — two or three half-gram tablets of Stovarsol—for seven or eight days.

The drug was later used for not only syphilis, but certain allied diseases, and amebic dysentery. Unfortunately, some failures have been noted, just as in the application of external prophylactics. However, the method has value, especially in a case of infection, where the location is unknown to either doctor or patients.

How can it be treated unless by a medicine which will be dispersed through the system and act where it is most needed?

I shall describe a third method, which I call “metalloprevention”—prophylactic injections of compounds of the heavy metals such as bismuth gold or mercury. Unlike arsenic, these substances are very slowly eliminated from the system; therefore, one cannot think of their frequent use. They could not be advised for every ex-



posure, but only when there is no doubt of infection.

It will have to be applied, from a preventive standpoint, principally to the protection of women whose profession exposes them to almost certain contagion. If we can keep the prostitute from becoming syphilitic, it will destroy one of the principal methods by which the disease is spread.

After intravenous injections of arsenic derivatives, in forty women who had intercourse with syphilitics, no cases of syphilis appeared; and one woman even gave birth to a healthy child. Unfortunately, however, as I have explained, arsenic is quickly eliminated from the system.

We therefore had to turn to bismuth. As long as the body which is normally susceptible to syphilis, has a bismuth "pressure" sufficiently high, it is impossible to give it a syphilitic infection experimentally. I regret to say, however, that this metallic prophylaxis has not found the extensive use that might be expected for it. The material for test (that is, the prostitute under regulation) shuns it. However, Sonnenberg undertook tests at Lodz, in Poland, on women exposed frequently to this contamination. Of 110 women, sixty accepted treatment, and fifty refused it. At the end of the year, only one woman who had continued treatment had become infected; and she at a period when the inoculation by bismuth was manifestly insufficient.

At the end of nine years, it was found that infection had taken place, among 160 women treated, in but seven cases; and only either very early in the treatment, or after discontinuing it for several weeks. The treatment was an injection of a bismuth compound in oil, into the muscles; and no injurious effects have been reported. I believe that this is a method capable of limiting syphilitic propagation and, finally, of possible extirpating the disease.

But it would be necessary for the authorities to have faith in our prophylactic methods, and particularly in the last named. We shall have to continue looking for compounds that give even quicker and more through protection."

There are difficulties, however, with these methods of prophylaxis. G. Williams, in a very learned discussion, entitled "How Disease Will Be Conquered," asserts:—

"At this point we come to the fact there are already "prophylactics" in use, not only in the Army and Navy, under government auspices, but also sold generally to the public. Their use, described formerly only in medical and U.S. Government publications, is more general, and has doubtless helped to reduce the spread of syphilis and to a less extent, gonorrhea, among their users. But these work on different principle—that of preventing infection from entering the body.

First a mechanical covering—a very old invention—and subject to

not only mechanical defects, but to the fact that their contacts, such as mere kissing, may convey infection. (This may be a more normal explanation of extragenital infection, in many cases, than that given to the conference by Dr. Stokes—that abnormal sex activity is increasing.) There are also chemicals, for use after contact; but which are subject to the same objection, as also to the fact that infection can easily gain a foothold before the chemical is applied.

*Health and Hygiene* comments: "Since the substances that are a guarantee against gonorrhea cannot be added to calomel ointments in sufficient concentrations to be effective, the prophylactic tubes should not be regarded as adequate protection against gonorrhea" and, in fact, in countries where syphilis has been reduced greatly in frequency in the last decade, gonorrhea has little or no decline. But, after all, sexual relations imply a good deal of romantic emotion, or of physical absorption in the act, from which careful, systematic attention of such methods is a deterrent (*or vice versa*). A good deal of cynicism must be present in any man who could make use of them in presence of a woman to whom he had just expressed his unbounded affection and confidence."

Nevertheless, some measure must be resorted to. Abstinence is well-nigh improbable in this highly sexual world. The next best thing is to follow the advice of Dr.

Winifield Scott Pugh, who says that everyone should "Take the same precautions with their best friend as they would with a total stranger." He continues.

"Now, that we know abstinence talks are time wasted, what next? Certainly the very best protection against venereal disease is the condom. This little appliance is spoken of today as the 'rain coat,' 'Mackintosh' or 'rubber.' Our language is so elastic. These condoms are usually made of gum or fishskin, obtainable at many drug stores and easily carried.

The name condom is derived from that of the originator, Colonel Condom, who was so ridiculed, he found it necessary to change his name. The condom should always be applied to the male organ before intercourse. It protects the woman also, if the male is infected. The celebrated Madame de Stael once said, that a "condom served only as a breastwork, against satisfaction and a cobweb for defence."

The lady mentioned, however, may have been the victim of a torn protector. Yes, a rent renders them quite ineffectual. It is argued by some the condom is a nuisance, but that is only till one becomes accustomed to them. At any rate, they are very preferable to disease.

What is the next best thing? is a natural query. It is the use of chemical preventives. For these to be satisfactory, they must be used within one hour after intercourse.

I am frequently visited by out of town gentlemen in the early morning hours, say 10 a.m. They can hardly wait to see me, and their greeting is usually, "Doctor, give me a prophylactic in a hurry. I had intercourse last night and being a married man, wish to avoid trouble."

Alas! as a well known advertisement read, 'too late for Herpicide', also the prophylactic. There is about one chance in a thousand, I usually tell my caller, and his prompt reply is, "let me grasp it." A number of venereal prophylaxis kits are on the market practically all of which have a calomel basis. Most are quite satisfactory, IF used according to directions and in time.

For many years, while in charge of venereal disease services, I directed the use of prophylaxis for thousands of men. From time to time it was my privilege to give talks on sex and sex diseases, from the strictly human standpoint. I explained the use and abuse of the sex organs, fully realizing that men who live in barracks will not be plaster saints. It is certain these talks were successful and appreciated greatly.

The men were told above all things, if nothing else is available, use soap and water at once; as that alone prevents much disease. The chemical preventive usually called prophylactic, was to be used within one hour. It consisted of two per cent solution of protargol in water. This mixture also contain-

ed ten per cent glycerin in order that a slight film might remain in the urethra.

About one third of a teaspoonful of this was injected by means of a small syringe into the urethra or pipe, as some call it. The protargol solution was retained for about ten minutes and then allowed to run out. The next step consisted of anointing or coating the entire male member with a thirty-three per cent calomel ointment. Some writers have advised this be left on for two hours and then rubbed off.

As a matter of fact, it does no harm if allowed to remain over night, or many hours during the day. Lots of these exposed, felt better when leaving the calomel on for some time."

Innocent infections must be guarded against, too. Little boys, little girls, new-born babies and wives are all made to suffer—needlessly and blamelessly. Drinking cups, shaving materials, public towels, and other similar materials must be regarded suspiciously. All of them may transmit venereal disease. Beware the toilet seat! Cover every toilet seat thoroughly; protect yourself, as well as others.

The following methods are recommended to physicians in the *Merck Manual*, issued by Merck Co., and highly held in the medical field:—

GONORRHEA — (a) Not only may the infection be transmitted by intercourse, which must, of course be interdicted, but also by



bath water, moist sponges, or towels, especially to little girls.

(b) In the male, gonorrhea may be prevented by the following local venereal prophylaxis, especially if used immediately after intercourse: After urinating, the genitalia should be thoroughly washed with soap and warm water, followed by a warm bichloride of mercury solution (1:5000—1:1000). The urethra should then be filled with a 2% strong silver protein solution and the meatus (opening) held closed 5 minutes. The organ (especially the glans) should then be thoroughly anointed with 33 $\frac{1}{3}$ % calomel ointment, some of which should also be placed within the lips of the meatus. Protective dressing for 12 hours. From 2 or 3 hours after intercourse the procedure becomes less and less effective.

(c) In the female, through vaginal douching with 2 per cent dilution of compound cresol solution, or of Creolin (Pearson) and anointing of vulva with 33 $\frac{1}{3}$ % calomel ointment, should be employed as nearly as possible immediately after intercourse.

**SYPHILIS**—(1) Medical prophylaxis has not proved generally practicable in civil life. It is best applied only under medical supervision. It cannot properly be applied in the female except by a physician.

(2) Medical prophylaxis has its greatest value during the first

hour after the *first* exposure. It may have some value up to eight, and sometimes twelve hours after exposure. If prophylaxis under medical supervision is not possible, individual prophylactic packets, similar to those used in the U.S. Army and Navy may be used. Directions must be followed explicitly.

(3) Even though properly applied, prophylaxis is by no means absolute assurance of protection. Infection may have occurred through the face, lips, tongue or other parts of the mouth.

(4) The condom does not constitute adequate prophylaxis against syphilis, since infection may take place through the scrotum, pubis, base of the penis, thighs, fingers and in kissing.

**CHANCROID**—This is essentially a disease of filth. It has been shown that soap and water prevent chancroid absolutely, even after artificial inoculation. A 33% calomel ointment, 10% Pyridium ointment, and a 10% Pyridium solution, are also effective.

Any method of venereal prevention, unfortunately, is not 100% certain. Whenever exposed, take especial notice of everything for several days. If you have not seen a doctor before, go to one at the slightest suspicion of disease. A few dollars spent in the treatment will save hundreds of dollars and time later on.

# Marriage Mechanics

*By*

WINFIELD SCOTT PUGH, M.D.,

And Other Prominent Physicians.

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Volume VI

PERSONAL PROBLEM LIBRARY

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**I**N THE animal kingdom the sexual act is instinctive. Unfortunately, however, the same cannot be said of man. Bertrand Russell in his various works has advocated that no man or woman should have sexual relations save with some other person who has already been experienced.

This would mean that no man or woman would enter marriage in a virginal state. Whether or not such an extreme measure is necessary to get sexual technique, we do not agree with it. Some point out that the only way to learn how to swim is to get into the water.

But sex can be taught in books. It has been taught. And because men and women are more than animals, because they have a mental life, this education is entirely necessary. To enter marriage without this information is to invite disaster.

The actual reason for a divorce is almost never mentioned, because society demands that words like "desertion," or "mental cruelty" be used. Perhaps as much as 99% of divorces are caused by faulty marriage technique. Marriage technique merely means the proper method of conducting sexual relations.

Marriage mechanics is largely a matter of masculine technique. Women are usually mainly passive in the sexual act. This does not mean that they are entirely so, for that is not the case. But the active part of sex is masculine role among human beings.

When it comes to love-making, our civilization must really turn elsewhere to find out the best methods. The Hindus are an especially good instance of fine technique.

Fortunately, too, their methods

are preserved in sacred writings which have been handed down through the centuries. Take a look at any man around you. He may have a fine physique—much finer than would ordinarily be met any place else in the world. But then shift your eyes to the Oriental, distinguished by his many bones protruding through the skin. Should you then be asked, "Which of these men is most expert in the 'Art of Love?'" it is a certainty your reply will be "The husky Anglo-Saxon."

Unfortunately, we men of the West are, as a group, infants in arms when it comes to sex. There is really no living being quite so dense regarding the "Art of Love" as the white man; it is the little brown brothers who can quite thoroughly initiate us into the Cult of Cupid, Eros or Amor (names of the ancient God of Love).

From the days of the Old Greeks and Romans to our own time, Western authors have treated the subject of love either in a humorous vein or with a tendency to praise of immorality and preach the gospel of debauchery. Our friends of the Fair East have taken the opposite view, and it is impossible not to admire the delicacy with which they have handled this exceedingly delicate subject.

As they assure their readers, their writings (which usually open with praises to the gods) are not to encourage "bedding and wantonness," but simply—and in all sin-

cerity, to prevent the separation of husband and wife. In plain terms, this means the preservation of *physical* love; for when that flies out the window, little is actually left.

The Hindoo also feels that monogamy (one woman to one man) is a happier state than polygamy. He would also save the married couple from the monotony and satiety ("fed up" condition) which follows possession. How is this accomplished? By varying their sexual contacts in every conceivable way, and supplying married couples with the means of being physically attractive and physically pleasing to each other.

The Oriental recognizes fully the host of evils which result from infidelity and, if he allows adultery in order to save life, he does only what has been done by the most civilized of pagan nations, who had the same opinions on the subject. In connection with this, witness the liberality of the "virtuous" Cato in "lending" his wife to a friend.

One of the well-known Hindu books is the *Kana Shastid*, or "scripture of the love-play." Some call it *Koka Pandit*, from the name of the supposed author, regarding whom the following interesting tale is told:—

A woman was burning with desire, but, before I go on, let me pause to tell you an old and very true proverb, ("No fire, no coal, can burn so hot as love of which no one knows anything.") To con-



tinue our story, she could find none to satisfy her inordinate desires. The fair one threw off her clothes and swore she would wander through the world naked till she met her match.

In this condition, she entered the levee-hall of the king upon whom Koka Pandit was attending and, when asked if she were not ashamed of herself, she looked insolently at the crowd of courtiers around her, scornfully declaring there was not a man in the room.

Naturally, the king and his company were sorely discomfited. The wise man, Koka, joined his hands and applied with due humility for royal permission led the woman home and talked so pehsuasively that, almost fainting from fatigue she was completely cured.

In popular Hindu pictures, the hero of our story appears sitting before and lecturing the Rajah (king) who is duly throned and shaded by the royal canopy, with his harem maids fanning him; he was probably warming up on the story, as a most attentive ear is always given to such words of wisdom.

It is true, says the Hindu Sage, the greatest happiness in life comes to those who are best acquainted with the science and practice of dalliance and love delight. Second, however, and subordinate only to this, is the satisfaction arising from possession of a beautiful woman.

Men, it is true, marry for the

sake of undisturbed sexual companionship, as well as for love and comfort. Sometimes the male does obtain a handsome and attractive wife, but cannot give her satisfaction; nor does he himself thoroughly enjoy the feminine charms.

The answer to this, is that such males are completely ignorant of the commandments of Cupid or any of his text books. They also neglect the difference between the several kinds of women, and regard all of them only from an animal point of view. Truly, such men must be looked upon as foolish.

The Hindu Sages were interested in preventing lives and loves being wasted in this manner; and the benefits to be derived from their studies are set forth in the following verses:—

"The man who knoweth the Art of Love understandeth the thoughts and the varied possibilities of women;

"As advancing age cooleth his passion, he learneth to think of his Creator, to study religious objects, and to acquire divine knowledge;

"Hence he is freed from further transmigration of souls; and when the tale of his days is duly told, he goeth direct with his wife to Heaven."

Finally, let it be understood that every stanza has in the Hindu mind, at least a double significance, and may be interpreted therefore, in two ways—either mystical or amatory (sexual.)

More close in time and in geography, are the remarkable sex practices of the Oneida community. The Oneida community employed no contraceptives, but depended upon *coitus reservatus*, which was prolongation of sexual relations without emission on the part of the male. The value of *coitus reservatus* is not known — doubtlessly it may be of some benefit to some men, but it is assuredly harmful to many others.

In his famous pamphlet, "Make Continence, or self-control in sexual intercourse," John Humphrey Noyes, the founder of the Oneida community explained in detail his new and unusual theory of "seminal conversation." Havelock Ellis has expressed his opinion that this method is without harm to most men, and may be of actual benefit to women, because of the prolonged sexual contact which is preferable to *coitus interruptus* (withdrawal before ejaculation). The method was practiced for over twenty years by the members of the Oneida community, without observable injury.

But it should be remembered that the members of the community were exceptional men and women. For the average man, however, this method, leading physicians agree, is fraught with danger.

Noyes expressed his ideas on the subject in these words: "The method of controlling propagation is natural, healthy, favorable to amateness, and effectual." Only

two children were born each year in the entire community, and these were "wanted babies." He goes on to say:—

"First, it is *natural*. The useless expenditure of semen continually is not natural. No animal wastes seminal fluid as man does. This is wasteful energy and cannot be natural. To this extent the Shakers are right. Yet it is equally manifest that the natural instinct of our nature demands frequent congress of the sexes, not for propagative, but for social and spiritual purposes.

"It results from these opposite indications, the simple congress of the sexes, *without the propagative crisis* (the orgasm), is the order of nature for the gratification of ordinary amative instincts; and that the act of propagation should be reserved for its legitimate occasion, when conception is intended.

"The idea that sexual union, without emission of seminal fluid, is impossible or difficult, and therefore not natural, is contradicted by the experience of many. Abstinence from masturbation is impossible or difficult where habit has made of it a second nature; and yet no one will say that habitual masturbation is natural.

So abstinence from the propagative part of sexual intercourse may seem impractical to depraved natures, and yet be perfectly natural and easy to persons properly trained to chastity. The method

to accomplish this consists in teaching men to seek principally the elevated spiritual satisfaction of sexual union, and to be content with them in their general intercourse with women, restricting the more sensual part to its proper occasions.

"This is certainly natural and easy to the person who has adopted this mode of living, however difficult it may be to the sensual one.

"Secondly, this method is *healthy*. In the first place, it secures woman from the curse of involuntary and undesirable procreation; and secondly, it stops the drain of life on the part of man. This cannot be said of any method which merely prevents the *propagative effects* of the emission of semen, not the emission itself.

"Thirdly, this method is *favorable to amateness*. Fourthly, this method of controlling propagation is *effectual*. The habit of making sexual intercourse a quiet affair, like conservation, restricting the action of the organs to such limits as are necessary to the avoidance of the sensual crisis, can easily be established; and then there is no risk of conception without intention."

That there would be many mistaken notions about marriage and sexual relations, is to be expected. Sex has been kept in a shroud of mystery, and only in enlightened literature such as this set of books is information to be had which is both factual and helpful. One of the most frequent sources of error

concerning sexual relations is the subject of "breaking" of the woman.

A woman possesses a thin, tough membrane which offers resistance to the act of intercourse. what happens to this membrane (in medicine called "the hymen") in marriage had best be told in the words of a scientific and experienced authority, who gave this information to one of his many worried women readers:—

"When marriage is consummated, the hymen is ruptured, if one exists. (Some women lack them, rupture them in exercise or even juvenile self-abuse; absence of them does not mean lack of chastity). Ruptured, they bleed; most of them very slightly, possibly an odd dozen drops of blood. Some bleed for 10 to 20 hours, necessitating wearing a napkin the next day; most, however, from half to one hour.

"There is no 'raw' feeling and, if the mental attitude of the bride is as it should be, there is complete gratification after the first instant of sharp pain. In exceptional cases of fear, frigidity, lack of mutual feeling, absence of lubricative secretion, etc., the act engenders continued pain, and even hysteria on the part of the wife. A brutal and unsmypathetic husband can make his wife detest him, consciously or unconsciously, for life; therefore he should show enormous patience, tact and understanding.

"A friend of mine told me that



he waited two years before actually breaking his wife's hymen; her fear and pain made her case unusual. Another man had to show consummate patience, in order to overcome the evil teachings of his wife's mother, who had taught her that anything pertaining to sex was wicked."

There is no reason for a woman to have fear of the initial act of intercourse. A considerate husband can do much to prevent much pain. And if there is pain, it quickly passes away, and all is forgotten. The torn tissues quickly mend. (See Vol. 4, *Unresponsive Wives*.)

Another question asked very frequently, with great worry, is that concerning "How often" for sexual relations. There is no definite answer which applies to every couple. Some men can perform sexual relations every night, or even several times a night. They are very exceptional, however. The average seems to be between two and three times a week. This average must not be regarded as a goal. If this frequency leaves you tired, indulge in a relation less frequently.

The frequency depends on many factors, so that even once a month may be normal for some people. There must be considered the sexual natures of both the man and woman, the age of the people involved, whether or not either one is ill, and so on. And it must not be forgotten that sexual relations must not be indulged in during

the last two or three months of pregnancy!

But, as Lee Van Riper, psychologist and physical culture authority, has stated:—

"Physical union, to be satisfying and healthful is a matter of *quality* rather than of quantity. Ordinarily a woman understands this more than a man, probably because of her monthly periodicity. Many a husband who has allowed himself to be re-educated by his wife cheerfully admits the superiority of her *qualitative* plan.

"There are psychological as well as physiological reasons. Without anything to say in the choice of time for union, the woman feels like a servant, merely an instrument by the man for his gratification. "Union" is really an inappropriate word in such cases—much as "conversation" is, when one side does all the talking.

"Respect for her wishes gives the wife a real part in the act. She feels that her co-operation is necessary to her husband's satisfaction, and that this is because he loves her and is happiest when she is happy. Naturally, such an attitude is altogether favorable for true co-operation, the prime necessity for *qualitive* biological union.

"Marital rights originally meant the rights of a husband, and even today many men stick to that interpretation. Comparatively few people are familiar with the word '*uxorial*' (pertaining to a wife);

but *uxorial* rights are equally important in marital rights, if the sexual adjustment in marriage is to bring happiness and contentment."

The procedure involved in the actual sexual relations cannot be given as a universal rule, which should be followed by every couple. There are certain general ideas, however, which have been set down admirably by Sidney Bernard. He says:—

"It is wise, for those knowing themselves to be subject to prematurity, not to attempt relations in the first few days of marriage. Petting, flirting, and the various forms of caressing accepted in pre-marital relations should be substituted; and, even in this, intense excitation should be avoided, since excitement alone often produces the crisis in men whose control is inadequate. The security and privacy of the marital condition should be permitted to impress itself; for the psychological effect will be one of greater self-confidence and self-assurance.

"When the conjugal relation is finally attempted, it should be preceded by an ample period of preparation. It is often possible to produce a full response in the wife by means of pre-relational caressing and other intimacies. The man who suffers from inadequate control should put this before him as an object, when the sex relation is broached. It will serve as a means for taking his mind off himself and his fears. Also, if he suc-

ceeds in bringing his wife to a pre-retational climax, he will have the assurance that she is already partially satisfied. Preliminarily love-play is therefore highly important to those husbands who suffer from prematurity; it should not, however, be carried to the point where, of itself, it produces loss of control.

"If, in spite of all precautions and preparations loss of control occurs at or before the moment of the beginning of contact, the love-play should not be abandoned. The situation can, to a large measure be saved by continuing the process of caressing, as though nothing had happened. The wife, when the caresses are continued, is not harmed by the abrupt termination of contact. The husband, if he is truly devoting himself to the needs of his wife, will very soon forget the discomfiture caused by his loss of tension, or he will not feel it at all. Very often, under these conditions, physical control is actually recovered and the relation can be renewed and completed. If this should not happen, there is still no cause to worry; since a new opportunity will be forthcoming.

"In a day or two, husband and wife should consider any effort to establish successful contact. In the meantime worry, nervous strain, stimulants, self-abuse, and other forms of "escape" should be strictly avoided. Nourishing foods and sensible regimen help considerably. A warm shower before



the time of retiring is recommended by physicians in these cases; the shower acts as a sedative, and ferfers from inadequate control.

"When the relation is again attempted, the preliminary love-play should have the same prominent place as formerly. The whole process should be repeated, up to the actual union. It may be that another failure will result; but even failure should be a signal for courage, not despair. In all probability there will be several failures, followed by several partial of limited successes. There have been cases of men who require several years to learn to master their impulses, but they learned. Persistence is vital to success, here as elsewhere."

It is at this point that true education in sexual ways and means begins. All that has gone before involves the breaking up of faulty biological habits. Now we enter into methods of building up good ones, towards a wholesome life. It must be pointed out, however, that individuals differ very widely in the physical side of their natures. The precise application of the methods outlined here would have to be varied by each husband to suit his own needs.

Both husband and wife must be on guard, in the beginning of contact, against producing stimuli which are too intense. They should be calm, careful, and under good control. When the husband becomes aware of the sensations of the impending reflex, he should

pause and rest. The wife, knowing the reason for pause, will also cease action. When the stimuli become dangerously intense, their power must be reduced. Husband and wife should remember that they are merely apprentices in Nature's school, and not expect too much from the early contacts. Fuller satisfaction will come later, when mastery has been attained. In the meantime, the one aim in view — the one goal both must strive for—is the prolongation of the husband's controy for as long a time as possible.

After the male nerve endings have become accustomed to their new environment, their sensitivity tends to lessen. Stimuli do not affect them with the former intensity, and the impulse for physical release comes less frequently. It is then safe to proceed with the relation with the normal amount of energy. It should be interrupted by pause and rest periods, as often as necessary for the preservation of the husband's poise and self-control.

Each new relation should recapitulate the lessons learned in former ones. The husband will soon begin to recognize automatically, and as a matter of habit, those symptoms of tension which go just before the reflex of discharge (climax). He will learn (also as a matter of habit) to respond to those signs in terms of the means found most appropriate for relieving his tension and postponing its consequences.



The longer he delays the expression of his reflex, the more sure will his control over the impulse become. The goal, of course, is such perfection of control as to delay or to set off physical release at will.

Various means are effective in bringing about the degree of control. The first and best is a pause, or rest, whenever the reflexive urge becomes dominant. The second consists in an alteration of the stimuli through changes in *tempo* (rate of action) and in bodily adjustment. Relaxing activities (such as conversation, and encouraging, soothing, and gently affectionate behaviour) are helpful. Other means, equally successful, will be found by husband and wife in the course of their experiments and experiences. Imagination and creativity is as necessary in sexual education as it is in the problems of life generally.

It is essential that the wife co-operate with her husband in all points during this early period of training. She must be patient, she must teach as well as learn; she must be willing to make sacrifices in the present for the sake of a greater good in the future. She must learn to recognize the signs of her husband's impending climax, and must help him in his efforts to defer, praise him in victory. She must express gratitude and appreciation when her husband succeeds in meeting her needs in the course of normal relation. The

beneficiary if they result in success.

One of the commonest questions vexing newly-married couples is this: for how long a time it is desirable to prolong a single contact? *Contact should be prolonged to the point where the needs of the wife are thoroughly satisfied.* The whole purpose of teaching the husband how to prolong his physical vigor, is to accomplish this result. Frustration of the wife's needs in this respect leads to numerous nervous disorders, marital stress and strain, sometimes to infidelity and divorce.

In America, the average duration of contact is probably ten minutes; this period, in general, is too brief for the needs of the wife. In Europe, the romantic relations of literature endure through the night; outside of the magic honeymoons of romance, contact is probably extended from a half hour to an hour or more. Somewhere between these limits is the ideal duration for each married couple.

It is unnecessary to worry about overdoing; for in normally healthy people Nature sets an automatic limit of fatigue. Under ideal conditions, the question of termination is in the hands of the wife.

When her needs have been met, the fact is communicated to her husband, who then induces his own release. A thoroughly harmonious married relationship is the result, with equal contentment shared by both partners in the matrimonial journey.

